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Let's set the record straight

A Survey of the U.S. Peer Reviewed Medical Literature Regarding the Developmental Gerson Diet Therapy.

by Gar Hildenbrand

In the years following WWII, a German-American physician, Max Gerson, proposed a set of general dietary and medical measures to be used in the management of cancer patients. These measures, slightly modified for cancer, were empirically developed by Gerson and approved by the majority of authors as a curative treatment for cutaneous tuberculosis. However, in spite of Gerson's excellent standing in the pre-War world medical community, and the publication by Gerson of a preliminary report and several groups of cancer case histories recorded in clinical detail, Gerson's efforts were twice attacked by Morris Fishbein, Editor of the Journal of the American Medical Association. A review of the U.S. peer reviewed literature reveals that Fishbein wrongly attacked Gerson. In the following series of articles, major portions of Fishbein's editorials will be printed. These are contrasted to large excerpts from articles reporting positive results from U.S. clinical trials of Gerson's diet therapy in pulmonary tuberculosis.

Occasionally throughout history, the medical profession has been on the wrong side of public opinion and has been negatively characterized by popular authors. A well-known example is French playwright Moliere's "Le Malade Imaginaire" (the Hypochondriac) in which the central character is preyed upon by (loosely translated from the Latin) Dr. Puke and Dr. Diarrhea, both of whom are only too glad to take Argon's money in exchange for unnecessary treatments with emetics and cathartics.

Although genuine advances in medicine in recent decades have, for the most part, precluded untoward public sentiments, this is not true in the arena of contemporary treatments for cancer. Cancer medicine has a bad reputation which is really rather well-deserved. Reports this year from well-respected statisticians tend to confirm the public's apprehension that most cancer treatments are generally ineffective.

CONTENTS

LET'S SET THE
RECORD
STRAIGHT.

PAGE 1

A CASE
HISTORY:
A MALIGNANT
LYMPHOMA
AT FIVE YEARS

PAGE 5

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The general public is so much better informed now than in years gone by that sagging public relations efforts by the cancer establishment are no longer persuasive. A case in point is the announcement in mid-October of this year that a "new" study had revealed the curative effect of chemotherapy in choriocarcinoma of pregnancy. A surprisingly large number of medically sophisticated laymen are aware that the above disease has been curable by chemotherapy for many years. Moreover, many know that it is not a true host cancer but a malignant fetus, and that it is exceedingly rare. It is, at last, approaching common knowledge that the only forms of cancer curable by chemotherapy in addition to the above are Burkitt's lymphoma (also very rare in the U.S.), and some lymphomas and leukemias of childhood. 95% of cancers are not curable by chemotherapy. The mortality rate of cancer is steadily increasing. (In 1962, cancer was the recorded cause of death for 278,562 Americans. In 1982, just 20 years later, 433,795 persons died of cancer. Adjusting for the growth of the U.S. population, this was a 25 percent increase. Even after adjusting for changes in age distributions as well, the increase is still a startling 8.7 percent.)

No matter what the medical reality in any given cancer case, the majority of the public equates a cancer diagnosis with a sentence to death by torture. Most persons confronted with cancer fear the agonizing gradual demise associated with it.

Moreover, most also fear the currently available treatments as much as the disease itself. Oncologists are seen as today's Dr. Puke and Dr. Diarrhea, offering treatments proven ineffective and charging a lot of money for them. It is not in the least uncommon to hear lay conversations regarding the "big business" of cancer, and comments like "If it happens to me, I won't take chemotherapy."

There are additional reasons for the public's sour impression of cancer medicine. One of the most obvious has been the sudden and unapologetic reversal by the cancer establishment of a four decade denial of the importance of nutrition in cancer.

Salt, fat, and protein-restricted

diets containing large amounts of fresh fruits, vegetables, and whole grains were used therapeutically in tuberculosis prior to WWII by world-trendsetters of the European medical community. Other applications included cardiorenal insufficiency, migraine, and various idiopathic skin conditions. Shortly after the War, Dr. Max Gerson, who was single-handedly responsible for starting the European clinical experimentation with such diets, applied his nutritional therapy to cancers with surprising success in far-advanced cases.

With the collapse of the European economic and academic communities, the American Medical Association inherited control of world medicine by default. For reasons which are complex and unclear, the new U.S. medical establishment, which emerged from the devastation and disorientation of WWII, was opposed to the

"Disinformation" was disseminated by physician members-in-good-standing of the AMA who wrongly labeled therapeutic nutrition as 'health food faddism' and "quackery".

use of immune-enhancing diets. "Disinformation" was disseminated by physician members-in-good-standing of the AMA who wrongly labeled therapeutic nutrition as "health food faddism" and "quackery". These same physicians created a mythology of man's invulnerability to the challenge of chronic inappropriate nutrition. As a result, Americans have feasted on fast foods, triple cheeseburgers, "hearty man" breakfasts of eggs + bacon + sausages + heavily buttered pancakes, salty fried snacks, fatty desserts and worse, for almost four decades. Cardiovascular disease and cancer, both of which are diet-related, are the number one and number two killers of U.S. citizens.

However, during the mid to late 1970s, certain concerted efforts were made to alter the deplorable state of malnutrition in the United

States caused by overfeeding of fats, proteins, calories, sodium, additives, and refined foods. The McGovern Commission of the U.S. Senate produced the seminal "Dietary Goals for the United States" in 1976. Shortly thereafter, the National Cancer Institute bowed to pressure to look into the literature on the relationship of diet and nutrition to cancer.

In 1982, with the publication by the National Research Council of "Diet, Nutrition, and Cancer", a hasty pudding of similar dietary recommendations instantly became the backbone of previously nonexistent disease prevention programs simultaneously announced by the National Cancer Institute, the American Cancer Society, the American Heart Association, the National Academy of Sciences, and others. To hear the spokesmen for these organizations talk, one could only assume that they had been raising brocolli and processing bran for generations on their own family farms. The public is asked to believe that these men have been doing their level best to look into every possible means of addressing cancer and to communicate the latest health news. We are also told that, now that they have struck the mother lode, cancer rates will be halved by the turn of the century, only 14 years hence, through their new dietary and lifestyle modification programs.

But, before we become overly jubilant at this apparent dawning of a New Age of Reason, let us ponder the extant realities. If, as they would have us believe, the leaders of the U.S. cancer establishment have suddenly become nutrition experts in a magical transformation no less abrupt and astonishing than that of Cinderella's mice into horses, then we must ask what sort of coach is pulled by the horses. Remember that Cinderella's beautiful coach was made from a pumpkin by her fairy godmother. You and I are Cinderella in this fairy tale, and the coach in which we are to ride to the palace must be made from the rest of medicine in the U.S. And the bad news is that the rest of medicine has resisted magical transformation. It is decidedly still a pumpkin.

Because of a long-prevailing lack of emphasis on physiological nutri-

tion in our medical schools, and the relative paucity of peer reviewed entries regarding even the most recent dietary recommendations, M.D.s trained in the 1940s-1970s are ill-equipped and frankly unprepared, even unwilling, to accept and incorporate these new "findings" announced from on high.

The result is that NCI and ACS have no (zero) disease preventive dietary and lifestyle modification programs currently in effect. The emperor has no clothes. For without the cooperation of rank and file medicine, there can be no such programs. In order to get that cooperation, physicians will have to be re-educated. This is a fact as obvious as a naked emperor on dress parade.

Until the day that you and I can no longer go to our general practitioners for a checkup without being routinely quizzed and advised regarding our diets — until the day that our physicians, face to face, emphatically insist that we consume more fresh fruits and vegetables while avoiding salt, fat, and excess protein — we will know that NCI and ACS have failed to create even the most basic disease prevention programs. And we will know that the cancer mortality rates are relentlessly climbing.

Ladies and gentlemen of the American Cancer Society and the National Cancer Institute, I implore you: Don't be satisfied with press releases and announcements in newspapers which reach a small percentage of the population. Change medicine where it meets the people, in the offices of private and public medical practices. You must educate your colleagues. You must establish policy. You must use the journals our U.S. physicians read: *the New England Journal of Medicine* and *the Journal of the American Medical Association*. You must incorporate our medical schools into the communication network. You must produce clearly written, instructive peer reviewed articles. What we have is an entirely new approach to the management of an epidemic. Where are the directives?

And what have we in the meantime? We have cancer medicine just as it is. It does not work. And we have increasing cancer rates. According to *Oncolog* (pub. M.D. Ander-

son Hospital and Tumor Institute) "In the 1990's, only a few years hence, cancer in children will be accepted as a normal disease of childhood."

The public is not alone in its antagonism toward currently available cancer treatments. I have had frank conversations with surgeons regarding the fact that cancer patients, once referred for radiation and chemotherapy, are seldom seen again. Even physicians within the ranks of cancer specialists admit to personal difficulties coping with the emotional pain of watching, powerless to help, as their cancer

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— Dr. William Donald Regelson, JAMA, 1980

patients slowly slide, often suffering, toward death. Occasional temporary remissions achieved through radio and chemotherapy are simply not sufficient for most medical men and women, and a sense of desperate futility in oncology is growing. It is widely accepted within the medical profession that we are failing to offer ongoing intelligent general management to most cancer patients.

In a series of peer reviewed articles published during the 1940s and 1950s, Dr. Max Gerson proposed a unique set of general measures for the ongoing management of cancer

patients. Although Gerson based his approach to cancer on his well-known therapeutic nutritional regime for tuberculosis, his suggestions have been paid little heed by key officials in the medical establishment. The Gerson Institute advocates this tissue management as a primary and ongoing cancer treatment which, through general therapeutic nutritional measures, addresses the accumulation of tumor toxins, reduced immunity, aversion to nutrition, and challenges from toxic therapies which plague cancer patients.

During the late 1920s and early 1930s, the metabolic tuberculosis therapy of Gerson was thoroughly tested, approved, and documented by many respected individuals and institutional teams. Gerson had already begun to look at cancer, but the intervention of WWII prevented expansion of this clinical investigation on the large scale it had enjoyed. After the War, with the advent of antibiotics, there no longer seemed to be a need for the immune enhancing dietary therapy. Establishment medicine turned a collective back on therapeutic nutrition. Therefore, Gerson labored alone at the end of his career as he had at its beginning.

Fortunately, the Journal of the American Medical Association (JAMA) has lately opened its pages to the opinions of writers whose openmindedness is refreshing. William Regelson, MD, of the Medical College of Virginia, Virginia Commonwealth University, Richmond, wrote in JAMA 234(4), Jan. 25, 1980:

In regard to clinical studies, it must be reiterated that "a society that forgets its past is due to repeat its mistakes." We need only look at past history regarding cures for cancer to see the extent of the problem. There is no question that inappropriate judgments have resulted in injury to good observations: if we look at Coley's toxin, a turn-of the century pyrogenic bacterial endotoxin anticancer treatment, we see a valid approach to nonspecific host resistance set back by being falsely labeled a "quack remedy" by the American Cancer Society. We also have to ask if Lincoln, with his bacteriophage nasal insufflation techniques for treating cancer, discovered an antitumor interferon

viral inducer decades before the recognition and entry of interferon inducers or interferon into clinical anticancer trial. We may shortly have to ask if Gershon's (sic) low-sodium diet, with its bizarre coffee enemas and thyroid supplementation, was an approach that altered the mitotic regulating effect of intracellular sodium for occasional clinical validity in those patients with the stamina to survive it. Was the Establishment correct in turning its back on these programs?

I am grateful to Dr. Regelson for acting as a man of conscience and reminding us of Coley, Lincoln, and Gerson. I admire his willingness to speak out as he sees necessary. However, I must admit that I disagree with Dr. Regelson's characterization of coffee enemas as bizarre (when seen in the comparative light of "preventive" mastectomies, for example, and the persistent use of such disproven measures as the Halsted radical mastectomy or post-operative chemotherapy). And I might add that, in my mind, mustering the "stamina to survive it" seems much less difficult than "accepting one's imminent death."

LABELING

When the Gerson Institute was established by Norman Fritz and Charlotte Gerson in 1977, little was remembered of the extensive clinical trials to which Gerson's dietary therapy had been subjected by respected authors. During recent years, with the help of staff of the Countway Library of Medicine at Harvard University of Boston, we have accumulated several hundred peer reviewed reports which indicate that Gerson's treatment was thoroughly tested and validated as a cure for cutaneous tuberculosis. The application of the Gerson diet therapy to other forms of tuberculosis was nearing general acceptance at the outbreak of pre-WWII political disturbances which forced Gerson to emigrate.

Surprisingly, in spite of strong documentation in the world's leading medical journals in the years preceding WWII, Gerson was attacked twice (1946 and 1949) in the pages of the *Journal of the American Medical Association* (JAMA). JAMA stated that "Gerson had been connected with a diet

method falsely proposed as an advance in the treatment of tuberculosis."

It is very difficult to establish credibility for new and innovative medical treatments. If the treatment has unusual characteristics, the slightest opposition may be insurmountable. As a scientist struggles for recognition, years of additional waiting can be added by a single negative utterance by a marginal authority. We are all familiar with the typical labels: "controversial" (translate: "It might work but I'm afraid to commit myself"); "unproven" (translate: "I see it as a threat to my way of doing things"); "spontaneous remission" (translate: "I wish I could do that").

Far from benign, such labels have weight sufficient to capsize research initiatives, leaving sincere scientists to tread water while searching for new grant support and new avenues of publication. Labeling has prevented the medical community more than once from incorporating in a timely manner vital new therapeutic measures and materials. Obvious examples are Semmelweiss' antiseptic procedures and Fleming's revolutionary penicillin.

Semmelweiss modestly suggested that physicians coming from cadaver dissections in the morgue should wash their hands before performing postnatal pelvic examinations in order to prevent sepsis and deaths in new mothers. His suggestion was not accepted in his lifetime. He was ridiculed and died in an asylum for the insane. Fleming's discovery of the *in vitro* bacteriocidal action of a specific penicillin mold came twelve years before its development as the first antibiotic (a relatively short wait, really). Sir Fleming endured many sarcastic remarks about molds being better used to create Roquefort and other flavorful cheeses. The result was that he abandoned his work with the material and it was ignored until the War caused a desperate search for effective managements of infections.

Gerson's position in the post-WWII U.S. was not enviable. He was a refugee scientist, not young, with a thick German accent. The European medical community, which had been his professional environment and within which he

had enjoyed much respect, was no more. His treatment, while innovative, held little to attract a medical profession which was now wed securely to entrepreneurial types who were looking for ways to help people while making a buck. Gerson must have been thoroughly dumbfounded by the first broadside fired by an official of the AMA. He was shamefully treated in the public forum of the pages of the JAMA.

Normally, when positions are taken regarding any topic, treatment, method, material, or technology, American writers will base their comments on at least the U.S. peer reviewed literature. In my opinion, there is no general conspiracy against Gerson in the medical profession. On the contrary, the JAMA editorials attacking Gerson were most probably the work of one man, JAMA Editor Morris Fishbein (deceased), a pushy, inveterate liar who was more a politician than a man of science. It is historically unfortunate that an organization as important to the reconstruction of the world medical community as the post-WWII American Medical Association was led so far astray by Fishbein and a few others of his ilk, including those who continue to follow blindly (we hope) in his footsteps.

I have looked into *everything* written in the U.S. scientific literature prior to the publication of the above mentioned negative JAMA editorials, and I can find *no* support for Fishbein's argument against Gerson. On the contrary, in spite of less than perfect replication of his then developmental diet therapy, (see below: Mettenleiter's comments on the frequency of feedings in Banyai's clinical trial) a large percentage of otherwise refractory, far-advanced tuberculosis patients treated in pre-WWII U.S. clinical trials responded well to Gerson's therapy. Following are excerpts from the reports which were actually published in respected peer reviewed U.S. journals during those years.

In following issues, we will print a series of articles contrasting major portions of U.S. peer reviewed literature reporting positive results from pre-WWII U.S. clinical trials of Gerson's diet therapy as a treatment for advanced pulmonary tuberculosis.

A CASE HISTORY: AT FIVE YEARS

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, Bonita, CA 92002). 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 : LINDA SCOBEY

INTERMEDIATE GRADE MALIGNANT LYMPHOMA, FOLLICULAR AND (PREDOMINANTLY) DIFFUSE LARGE NON-CLEAVED CELL TYPE (FOCALLY NODULAR HISTIOCYTIC LYMPHOMA OF RAPPAPORT)

This 36-year-old Caucasian woman, a self-employed carpenter, presented to Palm Drive Hospital of Sebastopol, California, with a mass in her left neck of approximately eight and a half months duration. She had been seen by several physicians, who apparently in one case ruled out malignancy in her left neck with laboratory studies. She was seen at the University of California hospital and also by an ENT specialist. A sonogram of the neck was done, demonstrating a cystic appearance. She was in Washington state just before admission, when she developed rather severe pain in her left neck and she was admitted for elective excision of what was thought clinically to be a large branchial cleft cyst. Family history is unremarkable with the exception of her father who died at age 57 of heart disease with cancer of the prostate.

Physical examination revealed a very pleasant, young adult, Caucasian woman, in no acute distress. Her vital signs were normal, and her weight 127 lbs. The pertinent

physical findings were confined to the neck, where there was a large, almost potato-sized mass extending in the submandibular region from the mandible to the sternocleidomastoid muscle in the left neck. No other masses were present in the left neck and the thyroid was normal. No other cervical lymphadenopathy was noted. The liver and spleen were non-palpable and there were no other palpable lymph nodes.

The WBC was 5,900 with normal differential, hemoglobin 14.5 gm%, and hematocrit 43%. Urinalysis was negative. VDRL was non-reactive. The Panel 12 was entirely within normal limits. Chest x-ray was negative. Liver-Spleen scan demonstrated a single area of diminished isotope labeling in the posterior aspect of the upper third of the spleen, which was thought to be a non-specific finding, but in view of the patient's known lymphoma the radiologist felt that it was compatible with lymphoma. A bone marrow biopsy was done with benign findings.

The patient was prepared for

operation and on 1 September 1980, with preoperative diagnosis of large left branchial cleft cyst, exploration of the left neck was done with findings of a 6 x 5 x 4 cm. lymphoma in the submandibular triangle of the left neck. The lymphoma was excised. A drain was placed. She had a fair amount of pain in her left neck postoperatively, and was quite depressed with the pathological report of lymphocytic lymphoma. The specimen was referred to Stanford Hospital for review of the pathological findings. She complained of pressure and pain in her left neck, and had moderate edema and drainage. She was discharged home on September 5, 1980.

Ms. Scobey was admitted to the Gerson Therapy Center of Mexico on September 1, 1981. She was markedly underweight, depressed, and presented many dozens of palpable cervical nodes ranging in size from a pea to a plum. Much inguinal and axillary lymphadenopathy was noted and this was assumed to be an extension of an untreated aggressive lymphocytic

lymphoma. Treatment was started immediately.

The malignant disease, which is now in remission and resolving, was profoundly active during the first two years of her treatment with new tumors arising as older growths were absorbed. Although these new nodes were frightening to the patient, in the context of Gerson's cancer therapy they did not represent relentlessly progressive disease. This type of activity continued at steadily decreasing levels for the third and fourth years of her treatment. She was vaguely symptomatic during the first four years of treatment, the most notable symptoms being fatigue and depression. These symptoms finally abated at the beginning of the fifth year of her treatment. At this time she has only two small, soft cervical nodes palpable, and these are resolving.

The patient has been maintained on full intensive Gerson therapy for nearly five years. Her disease was surprisingly resistant to treatment and, in light of this, the patient has been very brave and shown great endurance.

FROM THE PATIENT'S PERSPECTIVE:

(Editor's note: Many patients interviewed by me have spoken of simultaneous physical, mental, emotional, and spiritual integration which they attribute, in whole or part, to the combined medical/nutritional therapy of Max Gerson. Although clinical rationales do not exist to account for such synchronistic improvements in seemingly unrelated facets of a patient's overall profile, the conformity of reports from patients from dissimilar age, background, and lifestyle suggests a factual base. Linda Scoby's narrative is particularly instructive in this regard for both professionals and laymen.)

LINDA SCOBAY: I had just moved to California six months before and I was having many adjustment problem. The tumor came on right after a stressful Christmas vacation with my family. It came up really fast in my neck, underneath my jaw line between my ear and my throat. At first it was soft and it felt like it was just a swelling. It wasn't threatening.

After it had been there a couple months, and it didn't go down, I went to see an MD at the Russian River Health Center. The doctors there felt it was nothing, possibly a remnant of a cold, or cat scratch fever, or flu. They were not too concerned with a swollen gland at end of the winter cold and flu season. At this time it was robin's egg size.

I went back to work. I still felt great, even though when I went to the Russian River Health Center, they told me I had high blood pressure.

But the lump didn't go away, and the doctors became concerned and referred me to a surgeon. He recommended surgery even though the lump was soft and, he thought, possibly a cyst.

I saw two or three surgeons who all recommended surgery. I didn't want to do it. I was really scared of surgery.

I saw a woman, an herbalist, who recommended chapparal, clay, and hot and cold poultices.

There was something about her tone versus that of the physicians in the offices that made the whole realm of natural healing seemed so much better than the cold and terrible office of the doctors.

But the bump, although still soft, kept getting larger. I was consistent with herbalist's recommendations.

During that period I felt blocked. I had too much wax in my ears, constipation, my emotions were blocked. I just dabbled with natural healing and the bump didn't go away.

I went on trip in August and began to feel ill. Because of pressure from everyone, and now illness and headaches and pressure from the lump and pain and the discouragement of feeling that natural healing does not work, I scheduled surgery.

It took me eight months to get my courage up. I was really terrified to go into the hospital, and that the anaesthesia might kill me. When I came to, I was exhilarated that I had faced it and gotten through it and the lump was gone.

Then the oncologist came down and told me he had bad news for me, and my friends came in crying and told me I had cancer. It really

didn't sink in for probably two years.

I'm only now really beginning to be able to deal with the emotional ramifications of it. I was in emotional shock for two years.

They started doing tests on me right away and pressured me to move really fast. They told me mine was an aggressive illness and I was young enough that it looked good for treatment and they really pushed me. I felt they were railroading me. I couldn't handle it. I was still really groggy from the surgery.

They did bone marrow tests which were very painful and emotionally upsetting. I remember them making me drink radioactive material. I asked them if it was toxic and they insisted that it broke down slowly. But then they admitted that I would have some of it in my body for several years. I was given so many drugs that I couldn't really feel too much. I got out of the hospital before they finished all their tests and I felt that I'd escaped somehow.

The oncologist was pressuring me into coming to his appointments and he spent a lot of time telling me about his treatment. I found myself resisting and resisting and I felt like I'd rather die than go through with it. When he wanted a CT-scan-staging of my abdomen I was ambivalent. My friend Jean went and got the bottle I was supposed to use for the testing and it sat for days until I had her take it to the dump and throw it away. That was the end of my relationship with the doctors.

For the next year, between surgery and Gerson, I did much intensive exploration of the alternatives, desperately searching for something and for people who could help me. I probably had only a couple months with no lumps. I was doing raw foods and colonics. I lost a lot of weight from my normal 130 pounds. Before I came to Gerson I was 98 pounds. I slowly became really ill, looking for someone to help me, and seeing doctors who were into visualization. One doctor was trying vitamins on me per Nieper in Germany. My hair started falling out and I got really sick from the treatment while I was on vacation. When I called that doctor to ask for his help he told me there was nothing more he

could do for me and that I was on my own. I was angry, furious with him for dumping me.

After that I went back home to California. I got really sick, too weak to do chemotherapy or radiation. I knew it would kill me. Macrobiotics appealed to me and I did that for the next eight months. I went to see Michio Kushi and worked in Boston and East/West and attended the classes and did everything they told me. The diet definitely picked me up from the low point in January when I got so sick and close to death. After macrobiotics and before Gerson I was gray. I weighed 98 pounds. I was weak all the time, new lumps appeared every week. I felt I was only 5 per cent on the planet, right on death's door. I had come back to the east coast to see Michio Kushi. My family is on Rhode Island.

At that time a friend told me of an MD who might be able to help me. I called the physician and told her I wanted someone to monitor me on macrobiotics but she was not comfortable with macrobiotics. Her husband, also an MD, had been on the Gerson Therapy for metastasized embryonal cell testicular cancer and they knew it worked because his tumors were gone. She called me the next week to say she would help if I would go on Gerson's cancer therapy. She didn't think I would live through the next winter because my white blood count was so low. I had heard of Gerson but I hadn't wanted to do it. I couldn't handle the thought of a year and a half of house arrest.

The doctor recommended that I go down to the clinic in Mexico. Now I had a doctor who would work for me and I had accepted that I would live at home. My family pulled things together. My friend from California, Jean, came to stay with me at the clinic.

When I got to the clinic I began to feel secure - the structure and the doctor and my family all worked together. After three days in the hospital, I had a healing reaction. I had nodes in my groin, in my spleen, and a large node in my armpit which was the first thing to go within the first two months. I had strong reactions for two full years. Every day there was something go-

ing on somewhere in my body, an ache or pain or awareness, fever, emotions, something happening all the time. Before starting Gerson I had lost my period for a year. After 3 months it came back. I had a huge 5 to 6 week healing reaction where I couldn't walk due to the pain. Now everything is working again.

For the first two years the tumors would go away and pop up in the same general area. Over a period of time they would swell up and go away and come up somewhere else. I must have had a dozen large tumors, and multitudinous small ones. I'd be totally thrilled when one would go away, and then another would come up and I'd be totally scared. Finally I realized it was a pattern and I'd just watch it. A lot of these big tumors



Linda Scobey

would take 5 or 6 months to resolve.

When a year and a half came, and I was still feeling sick and bumps were still coming up, I was depressed. I called the Gerson Institute and the hospital when I got depressed, which seemed like it was every six months. Bumps came and went. Last year I decided to give up the time frame and the depression. It's not bothering me any more the way it used to.

In the third and fourth years there were fewer tumors but the same general pattern. Everything slowed down. Instead of a lot of healing reactions and a lot of aches and pains in various parts of my body every day, I'd have more free space where I wouldn't be sick all the time. I'd have more energy to devote to other interests. My

energy was gradually increasing and increasing.

It wasn't until last year that I began to feel good - around the first of September - like I was coming out of the woods. In the beginning of this therapy I'd have to rest at least ten minutes every hour. In the last six months, I haven't felt the need to do that in a pattern anymore. I just rest when I need to and it changes - unless I'm in a healing reaction and my body demands it again.

Things have been improving slowly during the whole period. I've been having blood tests and things have been showing that I am improving and things have been better, I've had more energy. I have used some Tibetan herbs recently. I went to see the physician to the Dalai Lama, and he prescribed herbs that I do four times a day. It feels like a chemotherapy. I've used them for a little over a year. I started them in February of 1985 for six months, stopped for some months, and started again. They make me feel better.

Somewhere in the winter of 1985, I had to make a choice about struggling for life, and I had to choose life on some other level. I had to choose healing and let everything else go. Part of that was choosing to let relationships go and let the past go. I was having to devote all my time to this frustratingly limiting structure, the cancer therapy, that wouldn't allow me to do anything with my life. I was wanting to go back to California where I'd left my life off. I decided to choose life right where I am, and to move into life, and do with it what I can from where I am.

The levels of healing get to be more and more subtle. I've been getting into my emotional self this summer. I've been in anger and rage all summer over a friend's death. It feels, to me, that I'm getting into touch with many of the things that gave me the disease.

I've come into touch with my spiritual life which I had given up as a teenager. When I got sick, I'd been having some connections, seeing my death, and I would pray, with embarrassment, out of fear. When I was sick, I was so helpless and dependent. I had nothing. I had to depend on the universe. I had to completely let go of my life and

just trust. My mother is a very dedicated Catholic and when I came to live with her I connected with my spirit where I had left off and began to go to church and renewed my religious education. Using skills I've learned, like visualization and inner healing, I've gotten more into meditation and away from some of the traditions of my upbringing, incorporating my religious roots into who I am now. I've been in psychotherapy for the past year seeing a Jungian therapist. I'm comfortable with myself as a spiritual being now, and this has been a large part of the healing.

Before I got sick I felt isolated, walled off from the rest of the world like a tumor. During healing reactions, I've had to soften and melt the wall between me and the rest of the universe, letting go. Through this whole process I've had to focus on Christ the healer, an image that has stayed with me

even as I've dropped some of the more traditional trappings of my upbringing.

I'm not melting the tumors. If I could do that I'd have gotten on a different train a long time ago. There's a healing energy in me that is melting the tumors. I have to keep my ego or my mind from throwing things in the way or getting me too distracted. Well, not so much "distracted", it's more like it's "blocking" the process. I tend to contract and I need to constantly practice opening and letting things flow—dealing with my fear—I think that's what it comes down to.

The Gerson Therapy has been part of this spiritual healing, too. I don't know how - something about being constantly nourished and constantly freed. If you look at a beautiful vegetable out of your garden, it's vibrant, full of life energy. It gives you life. The coffee enemas definitely unblock things.

They bring relief of pain and relief of emotional tension. The therapy definitely has been intertwined with religion through the whole thing. Every time I've thought it wasn't the Gerson therapy that was shrinking my tumors and making me well, but instead the psychotherapy or visualization, and I've slowed down the therapy. I haven't felt well. Going back on the Gerson therapy brought things back to a whole every time.

I've had a lot of support. Jean moved from California for one and a half years. I've had help from people I didn't even know, in so many ways. I've been amazed. It's been mind blowing.

I'm still doing just about the full program. It's been difficult. I've had to make a lot of sacrifices. But I've learned a lot and I feel that the whole thing has been very much worthwhile, because I feel like I'm gaining my life back again.



HEALING NEWSLETTER

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