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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 (Part 2).

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 were empirically developed by Gerson and approved by the majority of authors as a curative treatment for cutaneous tuberculosis with additional applications in pulmonary, gastrointestinal and bone tuberculosis. The combined regime was used effectively by Gerson in heart and kidney insufficiency. With several significant modifications, the measures were adopted by Gerson for the management of cancer. Gerson published his cancer diet therapy in the U.S. peer reviewed literature. However, in spite of his excellent standing in the pre-War world medical community, Gerson was twice attacked in the pages of the Journal of the American Medical Association by its post-War Editor Morris Fishbein. For obscure reasons, Fishbein alleged that Gerson had falsely proposed his diet as an advance in the treatment of tuberculosis. This survey of the pre-WWII U.S. peer reviewed literature, in which we also examine correspondence between Gerson and Fishbein, reveals that Fishbein's attacks were fabricated.

Occasionally, while searching the medical literature for information regarding Dr. Max Gerson's contributions to therapeutic nutrition, I have come across little nuggets which have held special meaning for me personally. The following article is one of them. It comes from Lincoln, Nebraska, smack in the heart of this nation. I was raised in Fremont, Nebraska, barely fifty miles from Lincoln. There on the great plains of the midwest, where the Platte river is a mile wide, and inch deep, and so muddy you could plow it, a surgeon by the name of Dr. Clarence Emerson introduced Gerson's diet therapy in the tuberculosis ward of Lincoln General Hospital. This is how it came to be that tuberculosis patients were being routinely cured through diet therapy by Emerson and the Lincoln General Hospital staff.

In his article, and even in its title, Emerson states matter-of-factly that the effect of the diet on tuberculosis was achieved through the diet's ability to alter metabolism. This observation was a central consideration of the world research community as it conducted dozens of clinical trials and searched for the therapeutic factor or factors of Gerson's diet therapy for tuberculosis.

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Charlotte Gerson, President
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Of course, in the broad sense, metabolism is the sum total of all physical and chemical changes, all energy and material transformations that occur within living cells. The two fundamental processes of metabolism are anabolism, the conversion of food substances into the constituents of protoplasm, and catabolism, the breakdown of substances into simpler materials which are usually excreted.

Even now, after more than seven years experience with Gerson's diet therapy we are unable and unwilling to *guess* what specific nutrients are responsible for the ability of the treatment to cure advanced cancer and other pathologies. In my opinion, the fact that cures are effected is the proof of the pudding. How can we arrogantly assume that we can discern the component-specific cause and effect relationship between vegetable foodstuffs and living human tissues? Let us be realistic.

Science has not yet understood the physical basis of life. Several antagonistic hypotheses exist to explain the chemical and steric marriages which exist in living cells, but there is no accepted principle. Without doctrine regarding the nature of life, how can we brook the arrogance of small minds which insist that this or that nutritive component is the decisive therapeutic factor? We cannot manufacture an apple in the laboratory. How can we expect even to *see*, much less to *understand*, the relationship of "apple" to living human cells? Metabolism is like a game of "pick up sticks"; when we pull on one factor, *the rest of the universe moves*.

Dr. Emerson and his colleagues did what any self respecting clinical scientists might do. They instituted an empirically developed regime which had enjoyed much serious attention and many positive clinical reports. They employed the regime

in the management of patients suffering from a disease in which the conventional treatments were of limited value in a effort to save the many patients who might otherwise fail. They did so despite the fact that no one could say *why* the new therapy worked. This is, of course, the way that medicine should incorporate new treatments, and the way that successful branches of medicine currently function. In contrast, we are all aware of the results of attempts to use treatments which *should* work but *don't*. A good example of this is postoperative chemotherapy in those unfortunate women who develop breast cancer. Far better to use treatments which work whether we think they should or not.

Emerson's clinical report is enthusiastic. His statements are intelligent and assured, informed with that special conviction which rests on a *posteriori* reasoning and logic.

Excerpts from: *Nebraska State Medical Journal*, 14:104-107, March 1929

TREATMENT OF TUBERCULOSIS BY ALTERING METABOLISM THROUGH DIETARY MANAGEMENT. (GERSON-SAUERBRUCH METHOD.)

CLARENCE EMERSON, B.Sc., Ph.D., M.D., F.A.C.S.,
Lincoln, Nebraska.

Foreword: Dietetic management of tuberculosis may appear to be outside the realm of surgical considerations. It is included here because, first, a major portion of thoracic surgery deals with tuberculous conditions in which the diet under discussion has proved of great value as preoperative and postoperative management — second, because the author had an opportunity to study first-hand the methods adopted in the Y pavilion of the Sauerbruch clinic — and, third, because results of such management in both operative and non-operative cases of pulmonary tuberculosis in his hands and in the hands of associates in the Lincoln General hospital has been so favorable that further dissemination of the knowledge of this method of treating tuberculosis seems desirable.

In 1923 Adolf Herrmannsdorfer began work in the Sauerbruch clinic at Munich on the problem of the influence of nutrition on the chemistry of the blood, and on the course of healing of granulated wounds.

The favorable results observed in healing of wounds by instituting a dietary management previously used for some time by a general practitioner, Dr. Gerson, led to the adop-

tion of the method for the treatment first of lupus and later of pulmonary and bone and joint tuberculosis. The striking and rapid improvement in the lesions of lupus in cases that had resisted intensive treatment by x-ray, radium, and local medication under the supervision of the best dermatologists stimulated an intensive clinical study of this special form of nutritional management in all forms of tuberculosis. For this

purpose a special pavilion was designated for this form of treatment. In these experiments the patients received no other form of treatment, no topical applications, and, therefore, the results obtained can be attributed only to the dietary plan adopted. The theory of this dietetic management has nothing to do with increased nourishment per se, but is based entirely on an altered metabolism which in some

manner undetermined increases the resistance of the patient against the tubercle bacillus.

In lupus, a form of tuberculosis very common in Central Europe producing extreme loss of tissue and facial disfigurement, the results were decidedly favorable. Under this management improvement usually is noticeable in two weeks' time, and complete healing is obtained within a few months to a year or more, depending on the extent of the disease. The results are quite uniform. Failure of relief is seldom.

The majority of cases were old resistant infections that had previously received all of the best methods of combating lupus. In some cases the nose had sloughed away, an ear or an eye had been lost. The disfigurement was extreme, but the activity, the inflammation and ulceration had disappeared leaving only the scarred defect. As yet no plastic operations have been attempted on these apparently cured cases. One interesting case of anal lupus showed a very great improvement in a part of the lesion while the remainder continued to present an indurated ulcer. Microscopic examination revealed a carcinoma which, of course, had not responded to the treatment. The influence of this treatment, however, was even more strikingly demonstrated by its ability to heal a lupus even in direct association with a carcinoma.

(In order to gain results in malignant diseases, Gerson found it necessary to alter his diet therapy. For example, whereas his tuberculosis diet was relatively high in fat, his cancer diet is almost totally fat-restricted. - ed.)

In bone and joint tuberculosis results with altered metabolism management were equally striking. No additional treatment was applied. The affected limbs were not splintered or placed in casts. A certain amount of restricted exercise was permitted and recovery took place often with preservation of the mobility of the joint.

Many cases of pulmonary tuberculosis are now under the same treatment. It is not so easy to determine the effect of a new treatment on concealed lesions, but the Sauerbruch clinic is convinced that the gain in weight and the course of recovery is more rapid than under

ordinary rest in bed and forced feeding management. Patients requiring thoracic surgery, but who are not in condition to tolerate it are given a course of preparatory therapy in the pavilion.

It is forcibly insisted at the Sauerbruch clinic that no other treatment is applied. As a clinical experiment it was desired to exclude any other possible explanation of the results. It is not considered important to overnourish the patient as the result obtained is attributed to the alteration in the metabolism and to the altered composition of the blood. In connection with the alteration of the metabolism by this diet as a part of the treatment of wound infection, elaborate experiments were carried out in blood chemistry and bacterial content of wound secretions.

In the Lincoln General hospital this dietary routine (the Gerson

tuberculosis diet) has been adopted under the title "Munich diet" and the procedure as to rest in bed and graded exercise is varied and directed according to the condition of the patient.

I have had under this dietetic management over period of 12 months a series of 10 cases with such striking results as to the rapidity of gain in weight, cessation of sputum and cough and recession of temperature as to warrant this report. In two cases apparently moribund in the beginning there was added to the dietetic management after a preliminary improvement was obtained a phrenicotomy in one case and a phrenicotomy and complete thoracoplasty in another.

A tabulation of the clinical features and results obtained in five cases treated by this method is given below:

	Case 1	Case 2	Case 3	Case 4	Case 5
Duration of Disease	1.5 yrs.	2 yrs.	3 mos.	6 mos.	3 mos.
Amt. Sputum	300 cc	200 cc	10 cc	20 cc	25 cc
Tubercle Bacilli	++++	++++	-	+	+
Afternoon Temp.	103	103	100	100	101
Weight	135 lbs.	95 lbs.	100 lbs.	120 lbs.	140 lbs.
Ambulatory	-	-	+	+	+
After 6 Mo. Treatment					
Wght. Gain	15 lbs.	10 lbs.	16 lbs.	20 lbs.	15 lbs.
Amt. Sputum	25 cc	5 cc	0.0 cc	0.0 cc	0.0 cc
P.M. Temp.	99	99	98	98	98
Ambulatory	+/-	+	+	+	+
Tubercle Bacilli	+	-	-	-	-
Wght.	160 lbs.	147 lbs.	135 lbs.	156 lbs.	160 lbs.
Persistence of Cough	Slight	0	0	0	0
General Condition	Improved	Apparently Arrested	Arrested	Arrested	Arrested

It may be stated further that the Munich diet has become in the Lincoln General hospital almost the routine medical management of tuberculosis by members of the staff. Dr. J.M. Mayhew, chief of staff and

head of the Department of Internal Medicine, and others in that department report very favorably on it. It is

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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.

PATIENT: Art McGarry

Cancer of the Prostate Gland:
Adenocarcinoma, Gleason Grade II

Also noted: Resolution of Hypertension, Spastic Bowel, and Herniated Disc Pain.

This white 57 year old gentleman presented 5½ years ago to the physicians of the Gerson Therapy Center of Mexico on April 17, 1981, with a biopsy proven adenocarcinoma of the prostate. He had a 17 year history of spastic bowel, hypoglycemia, and an allergy to penicillin. He gave an account of an accident which resulted in painful herniated discs in the lower spine and neck pain for which he was given Darvon, Robaxin, Talwin, Emperin and Emperin with Codeine.

In the late 1970s he had a classic history of renal colic with right flank pain radiating to the groin associated with recurrent gross

hematuria with constant urge to void. His urologist in Santa Barbara felt that he must have passed a stone from the lower ureter through the bladder, but the patient denies this.

In April of 1980 the patient experienced disturbing prostate pain with interrupted flow of urine. In early 1981 the patient experienced intermittent severe prostatic pain for which Percodan was prescribed. He admitted to dysuria, nocturia, and increased frequency and urgency of urination which had become more and more pronounced over a one month period. His Santa Barbara urologist was convinced that he had

passed numerous calculi, but the patient again denied this. At that time he had lost fifty pounds, his weight being 150 lbs. (height 5'9") down from 205 lbs. His prostate, on palpation, was firm and indurated, raising the slight suspicion of a malignancy. The patient was referred for biopsy on 4/2/81 which resulted in the confirmation of an adenocarcinoma of the prostate, Gleason grade II. The patient was prescribed tetracycline for several weeks. He was offered surgery and a typical management for prostate cancer but refused.

Mr. McGarry was admitted to the Gerson Therapy Center April 17,

1981. He was anxious, easily fatigued, and reported relentless severe pain. He had received no intervening management after a biopsy two weeks earlier. The usual

treatment was initiated immediately with excellent compliance and good response. His Percodan was discontinued. The patient reported relief from his pain after 48 hours of treat-

ment with the Gerson diet therapy. Within two weeks his urine was free from occult blood. At present, the patient is healthy and busily employed with no signs of disease.

From the patient's perspective:

Editor's Note:

Art McGarry is a friend whose recovery from cancer was accompanied by resolution of hypertension and lasting relief from the pain of ruptured discs and distress of spastic bowel. Mr. McGarry offers valuable insight into the transformative influence of vital good health on the emotional, intuitive, and thinking being as well as the physical body. In addition, his comments on the effects of a patient's illness on loved ones highlight the simultaneous potential of disease to either strengthen or shatter family bonds.

Art McGarry: First let me say that there were several inaccuracies in my medical record. There were no stones passed. The bleeding alerted my doctors to the problems. There never were stones recovered. They did an IVP and eventually found cancer. The prostate was all swollen. After the swelling came down they found the nodule.

The onset of this was terrible pain in the lower right side of my abdomen. It was excruciating, occurring every four or five days, with no greater interval than two weeks. The doctor gave me pain pills. He never found a stone even with the IVP. I have to attribute the pain to the cancer itself. I have nothing else to ascribe it to. I never learned whether the cancer had spread to other areas because I never had a bone scan.

It was a horrible pain, and I had it off and on for a year. The doctor told me that at my age there was one chance in a thousand that it might be cancer. Well, when anyone mentions cancer, you're terrified. There was a great deal of cancer in my family. My mother died of breast



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cancer. My grandfather on my father's side died of stomach cancer. So, in saying "cancer", the doctor really got my attention. He reassured me that the nodule, as he felt it, was very unlikely to be cancer. My wife, Estelle, said at the time that she believed the doctor.

The biopsy was done on an outpatient surgery basis. A needle biopsy in the prostate is no fun. Its a miserable experience. I probably wouldn't have done the Gerson therapy, though, if I hadn't had the biopsy. When I woke from the general anesthesia I was catheterized, and the catheter was filled with blood. They loaded me up with antibiotics to prevent infections and they sent me home. The biopsy results were given to me three days later over the phone.

Two weeks before I was biopsied, Charlotte Gerson was speaking at a health fair at the Veterans' Memorial Center of Santa Barbara. I suspected that I had cancer. What she said made sense to me. I bought the book, "A Cancer Therapy: Results of Fifty Cases" by Dr. Max Gerson. I have to say that I owe my ex-wife Estelle my life because she was a health nut and without her I wouldn't have been exposed to this.

In my life before cancer, I was a heavy smoker and drinker. We thought Estelle had cancer and she did all the investigative work. She went to Mexico and to all the alternative physicians. I was not very supportive of her because I didn't know the severity of the disease. But I'll be forever grateful to her for exposing me to this stuff because otherwise I would have done the surgery and radiation and chemotherapy and I would have been dead for five years.

My reaction to the news that I had cancer was simple: I knew what I

was going to do. The doctor wanted me to come in immediately for surgery and for other treatments. I refused and proceeded to make an appointment with the Gerson Therapy Center. I was terrified, naturally, and thought about my mortality, even though I wasn't aware of how really serious my condition was. I didn't know the age factor. I know now, from what Dr. Holderman told me, that at my age even if everything was done that could be done, prostate cancer would kill in 13 to 18 months. He's only a general practitioner, but he's also a past president of the California Medical Association. He's a doctor's doctor. All the MDs from Santa Barbara go to him. He also told me that he had several patients with my same diagnosis. One died at 14 months and the other was desperately ill at 16 months. Before I went down there he supported me and wrote a letter for my insurance. He told me that in soft tissue tumors, medicine did not have much success. I was grateful for the support. I was really desperately ill. All I could think about was what I had to do and what was I getting myself into and what would be the outcome.

I was very, very ill. I don't know whether it was emotional or physical or what. I was a sick puppy for a long time — almost two years before the biopsy. I wouldn't be surprised if it had spread. If I hadn't been retired from the fire department, I wouldn't have been able to work. I was that sick. I was in terrible shape and no one could determine what was causing the pain. They just kept giving me yellow pain pills — they were strong — Percodan. Sometimes the pain would go away for an hour, and then it would come back. I had no energy and I couldn't do anything. I think that was when my wife decided to leave me. When I was ready to leave the extended care facility, Estelle told me that she didn't want me to come back to the house — but I didn't have anywhere else to go.

I think it's very important that patients realize that their loved ones may very likely treat them differently. I think a lot of folks get terrified. They are not emotionally strong enough to deal with your disease and the possible outcome, death or permanent disability, and they look for a way out. The relationship may be a casualty no matter the outcome of the treatment.

I think it comes down to the emotional stability of the mate. The person who is ill is in no position to counsel because of his or her own plight. I didn't know how to deal with it. I was distraught with the illness.

One of the things I have noticed is that I wasn't the only one whose disease caused marital problems. There was a gal named Dolly. She was doing great for a long time but her husband played around on her and right after she found out about it she died. She died within six weeks. Apparently this is not an unusual thing. This happens a lot. She was doing pretty damn good. She was a delightful lady and was getting around. When she found out about it she was devastated. There's an emotional factor here. A sense of desperation, loss, a feeling that it (life) is not worth doing. This happens a lot. I think when it does happen that the chances of the person who is ill diminish tremendously.

I've never had the symptoms for any of these conditions since I went on the therapy and that is not "b.s.", that's true.

I started the Gerson Therapy in April of 1981. It had been blood and pain for two years, then it was severe pain. I responded right away to the therapy. Once I started the therapy the pain never came back. That was it. That was the end of two years of excruciating pain. And I've never had pain since, thank the good Lord. I was so grateful that the pain was gone. If I died of cancer, at least that awful pain was gone. The bloody urine was cleared up almost immediately. It was only there for the first series of tests which I had just after being admitted to the Gerson Therapy Center. It was gone by the second urinalysis. Dr. Melendez examined me after two weeks of treatment and told me she felt that the nodule had softened.

The only addition I ever made was Dr. Virginia Livingston's autogenous vaccine which I started after eight months, in December. In January of 1982, I went home. I found a friend in Ojai who was doing the therapy and

I went over there every day to do the therapy for a couple of months. My daughter by my first marriage helped me.

In April of 1982 I went back to work part time. I did the therapy almost entirely by myself and I progressed nicely. I stopped the therapy in June of 1982 and went back to work full time.

My daughter was there when nobody else was there. Now we've become very close, my son and my daughter and I. If I had died, they never would have gotten to know me in their adult lives.

My daughter and my son and I were estranged with the breakup of my first marriage. At first, I didn't tell my kids about my illness because we just didn't talk much. But I felt I was dying and I had to talk to my son and tell him about some finances. I told him not to tell anyone else but he told my daughter. She was wonderful. She called me and came down to see me, and after I returned home, she helped me make juices which is the continual work of the therapy. I re-established my relationship with my kids. I'm so grateful for this extra time, grateful that I was able to do this. I felt that if I died tomorrow at least I have had this time.

I don't like going to doctors. I personally don't think they're very good at what they do. But Dr. Holderman is a cut above the others, more supportive. I saw him in January of 1984 and everything was negative.

I was a fire chief before I was sick, and I was injured in an auto accident on route to the site of a plane crash. I suffered two herniated discs in my lower back and they were sitting on the sciatic nerve. It was progressively getting worse over a year and a half. My left side was atrophying and I was walking with a cane. The fire department retired me with a full disability because of that injury. I took all kinds of pain medications for it, Darvon and who knows what else. I couldn't stop the pain medication until I went on Gerson's therapy. I had high blood pressure too, for at least two years before the Gerson treatment, and I was given a diuretic of some kind but I refused to take it. I also had a spastic bowel syndrome, not the life threatening

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UP ON IONS, heart disease AND OSTEOPOROSIS

From the turn of the century until WWII, world medicine was cast in the glow of the Golden Age of German Medicine. German scientists gathered an incredible amount of knowledge regarding the workings of living systems and their relationship to laws of chemistry and physics. The serious medical scientists of that time travelled to Germany to gain laboratory experience or, at the very least, learned to read medical German. Clinical advances in treatment by these pre-War scientists led to many of the conventionally accepted managements of today.

But with the outbreak of WWII, many vitally important research initiatives were lost. The reconstruction of world medicine after the war was incomplete and diluted by improperly motivated and poorly trained individuals. Capitalization of the sciences in an effort to control the direction of research and to generate specific products did nothing to improve an already bad situation.

A review of only the medical literature directly related to the clinical trials of the dietary treatment developed by Dr. Max Gerson has netted the Gerson Institute a great deal of evidence that current discoveries regarding the benefits of potassium, calcium, and other minerals, and avoidance of sodium chloride, are in reality re-discoveries of information pre-existing in the peer reviewed literature.

Max Gerson, M.D., introduced therapeutic sodium-chloride restriction into the medical literature early this century as part of a micronutrient-rich diet therapy consisting primarily of vegetables and fruits and their raw juices. His diet was also generally considered to be high in calcium. Gerson considered the diet therapy a metabolic treatment. It can also be classed as a salt and water management.

A salt is, in chemistry, a compound consisting of a positive ion other than hydrogen and a negative ion other than hydroxyl. Salts and water are the inorganic or mineral constituents of the body. They play specific roles in the functions of cells and are indispensable for life.

The principal salts are chlorides, carbonates, bicarbonates, sulfates, and phosphates which are compounds of sodium, potassium, calcium, magnesium, and iron with chlorine, carbon dioxide, sulfur, and phosphorus.

In general, salts serve the following roles in the body: maintenance of proper osmotic conditions; maintenance of water balance and regulation of blood volume; provision for essential constituents of tissue, esp. bones and teeth; maintenance of normal irritability of muscle and nerve cells; maintenance of condition for coagulation of the blood; provision for essential components of certain enzyme systems, respiratory pigments, and hormones; regulation of cell membrane and capillary permeability.

Most of our readers are aware that osteoporosis, loss of calcium from the body and decrease in bone mass, is very common in American women. Medical recommendations to take supplemental calcium, milk, or estrogen have failed, for the most part, to stem the condition. However, in the following survey by Banyai from the American Review of Tuberculosis which dealt with literature pertinent to the Gerson dietary treatment, another possible means of addressing the condition is apparent which has been overlooked by the medical profession.

Also of great interest is Banyai's discussion of sodium-chloride restriction. It is far from amusing that the American Heart Association did not have enough scientific information until September of 1986 to make a recommendation to decrease sodium intake to levels suggested by Bunge in 1905. Gerson treated and cured advanced decompensated heart in cardiorenal insufficiency with his diet therapy, which he reported in Munich's *Medizinische Wochenschrift* 82:571-4 of April 11, 1935 and which the Gerson Institute translated and published in full in this newsletter (see *Healing Newsletter* 7, May-June 1985).

Basic research cited by Andrew Banyai in the following excerpt from his article was conducted by German scientists and published during the years from 1905-1920.

From Banyai, A.L., *American Review of Tuberculosis*, 23:546-575, May 1931:

The most important feature of the SHG (Sauerbruch, Hermannsdorfer, Gerson) diet is the decreased sodium chloride and increased calcium intake, which aims, first, to increase the acidity of the tissues; second, to supply the necessary amount of calcium to the blood and maintain a positive calcium metabolism; and, third, to promote healing and calcification of tuberculous lesions. That substitution of one ion by another can be successfully accomplished is proved by the enhancement of the effect of sodium-bromide medication in epilepsy, while sodium-chloride intake is restricted. Sauerbruch maintains that shifting of the tissue reaction toward acid will induce leukocytosis, improve phagocytosis, and change the dissociation of calcium and potassium ions. According to Bunge (1) sodium-chloride inanition can be produced by vegetable diet. He states, furthermore, that normal sodium-chloride balance can be maintained in the average person 2gm. of table salt per diem; and that the difference between this amount and the usual daily intake of from 15 to 18 gm. should be considered as condiment, which can be eliminated or replaced without any harm to the body. In case of restricted sodium-chloride intake, the normal osmotic pressure will be preserved by a decreased renal excretion of salt. Sapiro (2) was able to prove that calcium may cause an increased acidity and noticeable depletion of the water content of the tissues. Luithlen (3) found that the skin of experimental animals fed on oats became rich in potassium and poor in calcium, magnesium and sodium; feeding on green vegetables produced an increase of all bases, especially calcium and magnesium. He demonstrated a decreased potassium and sodium and an increased calcium and magnesium content of the skin in animals on acid feeding, and an increased excretion of sodium, potassium and magnesium ions by calcium medication. Stolpe and Dubois (4) showed that a vegetable diet rich in potassium will increase the retention of calcium.

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1. Bunge: *Lehrbuch der Physiologie*, Leipzig, 1905.

2. Spiro: *Monatschr. f. Kinderhk.*, 1923, xxv.

3. Luithlen: *Wien. klin. Wchnschr.*, 1911, no. 20; 1912, lxvii; *Ibid.*, 1912, lxix.

4. Stolpe and Dubois: *Ztschr. f. Kinderhk.*, 1913, lxvii.

Ibid., 1912, no. xviii; *Arch. f. exp. Path. & Pharm.*

UPON IONS

Contemporary efforts to control osteoporosis have evidenced no attention to diet other than recommendations to take milk and calcium supplements. Apparently, since the early years of the twentieth century sufficient medical information has been available to warrant more thorough and far reaching dietary recommendations. Dietary manipulation has been shown in just the few experiments mentioned above to cause shifts in ions which could considerably alter the reaction of various tissues under a variety of circumstances.

The emphasis in modern medicine is shifting toward an focus on physiological chemistry and physics, which of course requires attention to nutrition, the sum total of the processes involved in the taking in and utilization of food substances by which growth, repair, and maintenance of activities in the body as a whole or in any of its parts are accomplished.

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kind, but with occasional runs and cramps for about seven years. I was given belladonna for that and it

never really controlled it. With the Gerson Therapy everything cleared up. I've never had the symptoms for any of these conditions since I went on the therapy and that is not "b.s.", that's *true*.

I feel great now. I had an income of \$4,000 a month before I got sick, but Estelle left me and took most of it with her. But it didn't matter. I was suddenly popular with a number of ladies. In fact, there was a period of time there, shortly after Estelle left, when I discovered that the machinery was intact and functioning and I felt like I was fifty-five going on sixteen. I'm sure glad I never had that surgery.

Before my illness and treatment with the Gerson Therapy, I was a guy who would screw up a vacation in Hawaii if you can believe that. And now I am a man who *enjoys*. My whole outlook has changed. I can get high on sunshine. I'm glad for every day. I don't need drugs. There's so much beauty in the world that I was totally unaware of. I am so much more aware of other people's needs and feelings, it's a new situation. I used to run roughshod over people. I don't know anyone who's been through this who hasn't been changed — becoming aware of others' needs. I feed the birds and I

think about feelings. I used to say honesty is the best policy, but sometimes honesty hurts. Now I'm aware of others' feelings and try to buffer them. The things that *were* important, money and possessions, are not that important. The emphasis has changed.

I will be eternally grateful to Dr. Gerson and Charlotte and the cancer underground. There are people around who will help you. You can get support and guidance. I'm now part of the cancer underground — anyone who's been through this has to be totally committed to helping others. You want to let them know there's another way and it works.

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being used in the urological department in various forms of urinary tuberculosis. I have used it in all cases of tuberculosis of the chest and pleurae in which I have performed one or more of the surgical procedures indicated in cavernous tuberculosis. It is not, of course, looked upon as a sure cure for tuberculosis, nor with unreasonable enthusiasm, but the consensus of opinion is that the Munich diet distinctly favors improvement in tuberculosis.

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