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Chemotherapy: Snake-Oil Remedy?

It has Its Purposes, but Use is Dubious in
Some Cancers

By Dr. Martin F. Shapiro, M.D.

Reprinted by permission of the author. First published by the *Los Angeles Times*, Friday,
January 9, 1987. Dr. Shapiro is an Internist and an Associate Professor of Medicine at UCLA.

Recent revelations about the apparent ineffectiveness of the experimental cancer drug interleukin-2 are but the tip of an iceberg of misrepresentation and misunderstanding about cancer treatments. Cancer researchers, medical journals and the popular media all have contributed to a situation in which many people with common malignancies are being treated with drugs not known to be effective.

Chemotherapy is a serious undertaking. It often causes hair loss, severe nausea, vomiting, bone-marrow suppression with associated hemorrhaging, infections and death. The only reason for chemotherapy should be to 1) cure cancer, 2) prolong life or 3) relieve symptoms. For some cancers (such as leukemia, lymphomas, breast* and testicular cancer), chemotherapy accomplishes one or more of these objectives.

Unfortunately, for four of the most common kinds of cancer (colon and rectum, pancreas, stomach and most kinds of lung cancer) there is no convincing evidence that chemotherapy offers any benefit whatsoever. Yet many people with these types of cancers are being treated with chemotherapy, and are not aware that they are subjecting themselves to considerable risks, discomfort and expense for no perceptible benefit. (It should be noted that a small proportion of these cancers can be cured by surgical removal of the tumors, and patients may obtain some relief of symptoms with radiation therapy.)

One problem is the quality of available information. The course of any illness is uncertain. The best way to assess the value of a treatment is to compare the outcomes of persons chosen at random to receive treatment or not to receive

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it. Such "randomized clinical trials" showed the effectiveness of chemotherapy for leukemia, drug treatment for hypertension and Laetrile's ineffectiveness** in advanced cancer.

Yet cancer literature is full of studies that take inappropriate statistical shortcuts. When they find no evidence that treated patients do better than untreated ones, many authors subdivide treated patients into a group who "responded" to treatment and another group who did not. If they find that so-called responders lived longer than non-responders, they conclude that the treatment is effective for some.

But is this true? Some cancer patients inevitably would live longer than others even if they started with similar stages of illness. While many factors influence the course of the illness, one certainly is the rate of tumor growth. A rapidly growing tumor may rebound more rapidly after the assault of anti-cancer drugs. Thus "responders" may experience tumor shrinkage for a while because their tumors

Unfortunately, for four of the most common kinds of cancer (colon and rectum, pancreas, stomach and most kinds of lung cancer) there is no convincing evidence that chemotherapy offers any benefit whatsoever.

were growing more slowly to start with. This does not necessarily mean that they gain any additional time from the treatment.

Some oncologists inform their patients of the lack of evidence that treatments work. Others may well be misled by scientific papers that express unwarranted optimism about chemotherapy. Still others respond to an economic incentive. Physicians can earn much more money running active chemotherapy practices than they can providing solace and relief from suffering to dying patients and their families.

The National Cancer Institute does not help matters. It claims that survival is improving for all kinds of cancer, in part due to chemotherapy. This obscures the fact that for some of the most common tumors any minimal advance in five-year survival more likely is due to earlier diagnosis than to any effect of chemotherapy.

Of course, the search for effective treatments must continue. Patients who do not want to resign themselves to dying might well choose to participate in controlled trials of experimental chemotherapeutic regimens. This would contribute to knowledge and might well lead to answers. Very few cancer patients being treated for colon and rectum, pancreas, stomach and most kinds of lung cancer are in such trials today.

In the meantime the public needs to be skeptical of purveyors of allegedly effective treatments for these cancers. Medical journals should not publish reports that fail to demonstrate either more cures, improved survival or amelioration of symptoms, in comparison with untreated patients. The media also should stop proclaiming every report on a new cancer drug as the breakthrough that could emancipate humankind from malignancy.

Some patients will want to try chemotherapy even if they know that there is no evidence that it works. But it also is no disgrace for patients to forgo chemotherapy. If they were more accurately informed, many more might select this option.

Such unduly optimistic publicity helps to create a climate in which patients resign themselves to chemotherapy for conditions in which it does not work. One patient comes to mind - a man in his 30s who was dying of lung cancer. He had failed to respond to three different chemotherapeutic regimens. When he came in to start a fourth one, I asked him if it was what he really wanted to do. "Do I have any other choice?" he asked.

There is a choice. The patient, family and friends can work together with health-care providers to maximize comfort and function, to sort through the maze of emotional and social problems evoked by the illness and even to grieve together over the impending death. Some patients will want to try chemotherapy even if they know that there is no evidence that it works. But it also is no disgrace for patients to forgo chemotherapy. If they were more accurately informed, many more might select this option.

* Unfortunately, in breast cancer there is no measurable extension of survival. Stephen K. Carter, former Deputy Director of the National Cancer Institute, reported in *American Medical News*, Nov. 8, 1985, that chemotherapeutic trials with breast cancer patients had not resulted in any extension in survival. Carter is Vice President of Anti-Cancer Research for Bristol-Myers, a major manufacturer of chemotherapeutic drugs. —ed.

** It is the editor's impression that the Moertel study could not accurately measure the effects of laetrile as an anticancer agent. Patients in this randomized study were extensively pretreated, endstage cases with no hope for response. Surgery, radiation, and chemotherapy had proved worthless in their management. Methodologies were not adequate for meaningful results. For background information on laetrile, please read *'The Cancer Syndrome'* Grove Press, New York, 1980, written by Ralph Moss, formerly Assistant Director of Public Relations for Memorial Sloan-Kettering Cancer Center. —ed.

Let's Set the Record Straight

(Part 3)

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

by Gar Hildenbrand

In the years following WWII, German-American physician Max Gerson proposed an empirically developed set of general dietary and medical measures to be used in the management of cancer patients. Similar measures had been approved by the majority of authors as a curative treatment for cutaneous tuberculosis. Additional applications are found in the literature for pulmonary—, gastrointestinal—, and bone tuberculosis. A variation of the combined regime was used effectively by Gerson in heart and kidney insufficiency. With several significant modifications, Gerson applied his therapeutic nutritional regimen to cancer, publishing results in U.S. peer reviewed literature. However, in spite of his excellent standing in the pre-War world medical community, during the late 1940s Gerson was twice attacked in the editorial pages of the Journal of the American Medical Association by JAMA editor Morris Fishbein. Fishbein alleged that Gerson had falsely proposed his diet as an advance in the treatment of tuberculosis. He also called Gerson's cancer management fraud. 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 accusations were rooted in fallacy.

Most readers of this newsletter are aware that the American Cancer Society lists Gerson's cancer management as an "Unproven Treatment". ACS relies on the National Cancer Institute for its information. NCI has a toll-free information number (800) 638-6694 which tells inquirers that Gerson's methods were reviewed several times but on no occasion found to merit further study. Gerson submitted ten cases to the National Cancer Institute in 1946. In a recent call to NCI, I was told that those cases were unconvincing because, according to an NCI information specialist, while the patients were under Gerson's care and on his diet they were simultaneously receiving other anti-cancer treatments. NCI also told me that Gerson was invited to submit additional cases but never did so.

In a 1983-1984 Freedom of Information search of NCI records on Gerson, the Gerson Institute received

from NCI a copy of eight of the ten cases submitted by Gerson. I have also reviewed the original patient files kept by Gerson. Current NCI public information specialists are ill-informed and incorrect to state that these patients received any meaningful treatments concomitant to or even prior to Gerson's therapy. Gerson submitted those cases to NCI precisely because they were independently diagnosed, surgically verified, and histologically known to be refractory to available treatments. Those which had been pretreated conventionally had already failed those treatments.

I invite any of my readers with the American Medical Association, the American Cancer Society, or the National Cancer Institute to supply me with evidence that the above patients were receiving conventional anticancer treatments with curative value at the time they were under Gerson's care. It is simply not true. That specious argument is based on

the fallacious assumption that in 1946 there were drug and radiation treatments curative of advanced recurrent melanomas, metastasized colorectal adenocarcinomas, bone metastasized infiltrating breast carcinomas, and stage IV astrocytomas. There were none then, just as there are none now.

In the *Journal of the American Medical Association* 122(11): 645, November 16, 1946, JAMA Editor Morris Fishbein wrote, "Some years ago a technic called the Gerson, Sauerbruch-Herrmannsdorfer diet was claimed to be a notable advance in the treatment of tuberculosis. Gerson proposed, by the use of these diets, to change the nature of the soil in which the tubercle bacillus lives. According to the reports, Gerson had discovered accidentally some improvement in a patient with lupus who was on a salt free diet. The good results in many types of tuberculosis reported by Gerson were apparently not susceptible of duplication by

most other observers." Fishbein repeated the accusation in *JAMA* (139): 93-98, January 8, 1949.

However, the *JAMA* had published a study favorable to Gerson only 17 years earlier. Please contrast Fishbein's comment with the following clinical observations by Edgar Mayer, M.D., Northwoods Sanatorium, Saranac Lake, NY, and I. Newton Kugelmass, M.D., Ph.D., Fifth Avenue Hospital, New York, *Journal of the American Medical Association* 93(24): 1856-1862, December 14, 1929: "In a preliminary experiment, twenty patients between the ages of 22 and 33 years with far advanced pulmonary tuberculosis, who had failed to respond after two or three years of routine treatment, were maintained for six months on (the Gerson) dietary treatment....Eight patients showed definite clearing in the lungs by physical and roentgen examination."

Mayer and Kugelmass were not alone in their positive assessment of Gerson's treatment. Please see NL15, "Let's Set the Record Straight (Part 2)" which contains excerpts from the *Nebraska State Medical Journal*, 14:104-107, March 1929. In this and future issues, we will print major excerpts from all of the U.S. literature regarding Gerson that we are aware of.

With the exception of Fishbein's writing, all of the U.S. literature is positive in tone and encouraging in its factual reportage. I find this refreshing because of a bias which I willingly admit: In my estimation, Gerson's therapy works. Without the aid of antibiotics it has *cured* many cases of advanced tuberculosis. Without the aid of chemotherapy it has *cured* many cases of advanced cancer in man.

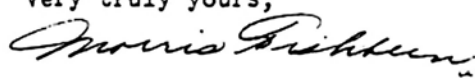
In hundreds of articles generated worldwide, only a few authors reported that they were unable to reproduce Gerson's results. In most instances where authors were unsuccessful, protocol errors become evident at first or second readings. Of the U.S. literature, Fishbein's *JAMA* editorials contained the first and only comments negative toward Gerson's work. Before Fishbein's editorial, there was no debate regarding Gerson's treatment. The only question raised in the U.S. literature was over which of the components of Gerson's diet were responsible for its healing influence in otherwise refractory

patients.

Why did Fishbein attack Gerson in November of 1946? As I familiarized myself with stored correspondence from Gerson's medical practice I was astonished to find the following letter from Fishbein to Gerson:

inquiring that Gerson was keeping secrets, a practice of quacks and charlatans.

Within twelve months, Gerson had published "Dietary Considerations in Malignant Neoplastic Disease: A Preliminary Report" in the *Review of Gastroenterology*

EDITORIAL DEPARTMENT		The Journal of the American Medical Association	
EDITOR MORRIS FISHBEIN, M.D.		935 North Dearborn Street Chicago 10	
ASSISTANT TO THE EDITOR JEWEL F. WHELAN			
ASSISTANT EDITOR EDWIN P. JORDAN, M.D.			
Is your reply please refer to these initials		MF	
Dr. Max B. Gerson		October 18, 1944	
40 West 55th Street			
New York City			
Dear Doctor Gerson:			
We have had some requests for information relative to what is said to be a dietary treatment for cancer which you are supposed to be sponsoring. Inasmuch as we would like to be able to answer these questions satisfactorily, will you be good enough to let us know any available details in this matter?			
Very truly yours,			
			
ZW			

This was an insulting letter. Fishbein knew very well who Gerson was. He was famous worldwide and his dietary therapy had been published in nearly every respected journal in the world. In addition, he had attained prominence in Germany which was the unrivaled leader in world medicine until WWII, and had published in the best German journals. Gerson knew that Fishbein was familiar with his work and probably resented the intrusion of an "American" into his methodical accumulation and publication of results. Gerson's letter, a carbon copy of which follows, can be summarized in a short sentence: "I stand on my reputation".

Fishbein did nothing to veil his contempt in a letter of the 30th of October. In spite of the fact that Gerson had strongly indicated that his cancer work was a direct, non-divergent continuation of his tuberculosis diet therapy, Fishbein insisted that he knew nothing of it. He even went so far as to threaten Gerson that he would tell innocent

12(6):419-425, Nov-Dec 1945. Five repros of the article were immediately sent to Fishbein at the offices of *JAMA*.

In July of 1946, Gerson was invited to conduct a patient demonstration before a U.S. Senate Subcommittee. There he presented five patients in whom there had occurred apparent complete remissions from endstage cancers. His presentation was augmented by the supportive testimony of six independent physicians.

The Senate Committee hearings were attended by Raymond Gram Swing, who as he rose to address the Committee, was recognized by Senator Claude Pepper as "one of this country's distinguished radio commentators".

The next day in a nationwide broadcast on ABC, Raymond Gram Swing told the world what he had witnessed: "It is one thing to talk abstractly about chemistry and diet and vitamins and other factors in medical science. It is another to see, as the Committee yesterday

MAX GERSON, M. D.
667 MADISON AVENUE
NEW YORK, N. Y.

October 25, 1944

Dr. Morris Fishbein, Editor
The Journal, American Medical
Association
535 North Dearborn Street
Chicago 10, Ill.

Dear Dr. Fishbein:

Your note of October 18th stating that "you have had some requests for information relative to what is said to be a dietary treatment for cancer" has come to hand. You ask for any available details.

Our recent work on chronic diseases, of which you seem to have heard rumors, is a continuation of work begun in Germany twenty-four years ago, published from time to time in German in thirty articles and two monographs. One of these monographs, of course, was the "Diatbehandlung der Lungtuberculose", mentioned in one of your books.

For the introduction of this treatment of pulmonary tuberculosis I was called to the University of Munich where I worked with Professor Sauerbruch four and one half years. The results are published in many articles in connection with successes in bone tuberculosis and lupus.

From Munich I was called to the capital hospital in Hessen Nassau, and three years later to the hospital "Am Urban" in Berlin at the request of Dr. Hermann Zondek. After one year this work was cut short by the advent of Hitler, and especially the demonstration of the treatment before the Berlin Medical Association, which, though scheduled for May 5th, 1933, had to be abandoned.

During the past sixteen years some of the diets have been used on patients with cancer. These patients have been urged to avoid any publicity or making any claims for the treatment. But apparently one or more patients, with the best of intentions, have given out some details. This was entirely unauthorized.

You will, of course, realize that I am as anxious in America as I was in Germany to have all physicians know and utilize, as soon as possible, whatever results are obtained, whether they be favorable or unfavorable, and for whatever chronic diseases.

Let me, therefore, suggest that you send to your enquirers a copy of this letter.

Very truly yours,

Max B. Gerson, M. D.

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RES. CIRCLE 6-8662

saw, a seventeen-year-old girl who had had a tumor at the base of the brain, which was inoperable, and which had paralyzed her. Yesterday, she walked without assistance to the witness chair, and told clearly about her case and her treatment. There was a sturdy man, who had been a sergeant in the army, had had a malignant tumor, also at the base of the brain, which had been operated on but needed deep X-ray treatment, and this he could not receive because of the danger to the brain. Yesterday he was the picture of health as he testified, and quite naturally he was proud of his remarkable recovery. There was a woman who had had cancer of the breast which had spread. Yesterday, she was well and testified with poise and confidence. A few cases showing such improvement cannot, of themselves, affect the outlook of the medical profession. But they are attested facts and not flukes, and as such they have to be accounted for. And there are many, many more cases which could have been cited. It would seem to be the business of medical research to

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The Journal of the
American Medical Association

535 North Dearborn Street
Chicago 10

In your reply please
refer to these initials MF

Dr. Max Gerson
667 Madison Avenue
New York, New York

October 30, 1944

Dear Doctor Gerson:

Replying to your letter of October 25: We would like very much indeed to have an explicit statement as to just what is involved in your treatment of cancer.

Under no circumstances can we from our office refer patients or physicians who inquire of us to a man who is prescribing a treatment of which we know nothing. Unless you can supply such information to us, we shall be compelled to write to our inquirers that you do not reveal the details of your treatment.

Very truly yours,

Morris Fishbein

MF

leap on such facts and carry every hopeful indication to a final, conservative conclusion!"

Apparently Gerson's splashy (because he was successful) entry into the field of cancer management angered Fishbein and presumably others. We cannot have the satisfaction of looking behind the scenery to know exactly who or what prompted Fishbein to resort to falsehood regarding the medical record, nor why he stooped to slurs against Gerson and his supporters. But we can prove that he lied.

Until Gerson met Fishbein, he had led a charmed existence. He seemed to be invulnerable to immense challenges. It must have been inconceivable to him that Fishbein, who was not even a practicing physician, writing in what Gerson surely felt was a relatively unimportant medical journal, the *JAMA*, could prevent him from sharing his new cancer management

with the world.

Only Fishbein spoke for the AMA when it came to Gerson's cancer therapy. And only Fishbein claimed that Gerson's tuberculosis work was somehow fraudulent.

I invite anyone to alert me to any articles we may have missed during our 1985-1986 search of the *Index Medicus*. During that time the Gerson Institute employed the services of biomedical librarian Michael Blake of the Francis B. Countway Library of Medicine, Harvard University, Boston, Massachusetts, to seek out and photocopy as many articles as could be found on the shelves. We extend this invitation to the current editors of the *Journal of the American Medical Association*, the editors of the *Journal of the National Cancer Institute*, and the editors of *Cancer* (the organ of the American Cancer Society).

What a shame that medicine treats its past journals like yester-

day's newspaper. To the majority of *JAMA* readers in 1946, Gerson's work in tuberculosis was probably unknown or vaguely remembered. I would wager that of any 1,000 physicians who read Fishbein's editorial (the full text of which will be printed later in this series of articles), not one of them bothered to question the veracity of Fishbein's statements by going to the stacks of a biomedical library to review Gerson's work.

This, dear reader, is how lies succeed, how character is assassinated, and how evil temporarily prevails over that which is good and true.

In the next issue of Healing we will print the entire JAMA 1929 article by Mayer and Kugelmass reporting success in far advanced lung tuberculosis.

1987 Speaking Engagements

The Gerson Institute will be represented by Charlotte Gerson and/or Norman Fritz at each of the following:

National Health Federation

<p>Northern California Regional Charlotte Gerson will lecture June 13-14, 1987 Cathedral Hill Hotel Van Ness at Geary San Francisco, CA 94109 (415) 776-8200</p>	<p>Red Lion Lloyd Center Norman Fritz will lecture August 1-2, 1987 1000 N.E. Multnomah Portland, OR 97232 (503) 281-6111</p>	<p>Pike's Peak Regional Norman Fritz will lecture Regency Hotel I-25 at 38th Avenue Denver, CO 80216</p>	<p>American Quack Association Embassy Suites Hotel, 6501 N. Mannheim, Rosemont, IL (near Chicago -O'Hare Airport). Charlotte Gerson panel participant "SIDS-AIDS -Cancer." Fri., June 26, 1987 2:00-6:00 PM. "Nutrition -Biochemistry Control Chronic Disease". Sat., June 27, 1987 4:00 -6:30 PM. (312) 699-6300.</p>
<p>Midwest Regional! Charlotte Gerson will lecture August 22-23, 1987 Holiday Inn O'Hare Kennedy 5440 North River Road Rosemont, IL 60018 (312) 671-6350</p>	<p>Southeast Regional November 7-8, 1987 Sheraton-Twin Towers 5780 Major Boulevard Orlando, FL 32805 (305) 351-1000</p>	<p>33rd Annual Charlotte Gerson will lecture January 15-17, 1988 Pasadena Conf & Conv Center 300 East Green St. Pasadena, CA 91101 (818) 793-2122</p>	<p>Cancer Control Society Charlotte Gerson will lecture July 3, 4, 5, 1987 Ambassador Hotel, Los Angeles, CA</p>

Norman Fritz will lecture on "Healing Incurables: The Gerson Therapy" at the following IACVF meetings:

International Association of Cancer Victims and Friends

<p>Central Florida Chapter Thursday, May 21, 1987, 7:30 PM First Presbyterian Church 106 E. Church St. (near Downtown) Orlando, FL Info: IACVF (305) 859-1931 Harry Warman (305) 855-0180</p>	<p>Broward County Chapter Tuesday, May 26, 1987, 8:00 PM Fort Lauderdale, FL Meeting place to be announced. Info: Pat Brett (305) 946-2770 Lucille Doyle (305) 733-9121</p>	<p>Palm Beach Chapter Wednesday, May 27, 1987, 8:00 PM Lantana Middle Community School 1225 W. Drew St. Lantana, FL Info: Mary Palomba (305) 586-8990 Jeannie Glickman (305) 969-2810</p>
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From the Clinical Notebook of Charlotte Gerson

By Charlotte Gerson

The month of January 1987 brought us some really exciting reports from several patients who had unusually dramatic responses to the Gerson Therapy. Teddy Norton, aged 8, was admitted to the Gerson Therapy Hospital in June 1985. Below is his doctor's report which needs no additional comments: (date: 10/24/86).



Lynn E. Anderson, M.D.
Physician

October 24, 1986

Re: Theodore Norton

To Whom It May Concern:

This is to verify that the above named received a histologic diagnosis in March of 1985 of astrocytoma. His clinical course had markedly deteriorated by the summer of the same year. He lost speech, sight, control of his bladder and bowel functions and use of his extremities with spasticity of the right upper and lower extremities and demonstrated a large protuberant soft tissue swelling of the posterior skull.

He was brought to the Gerson Clinic in Mexico and maintained on the Gerson therapy upon his return home. As of this writing, Teddy has regained all functions with the exception of his eyesight.

Respectfully submitted,

Lynn E. Anderson, M.D.
LEA/jmd

This report is even more impressive when you add to it the report of Teddy's school principal:



Jefferson School
Office of the Principal



Dear Teddy,

December 18, 1986

Your academic performance during the first quarter this year has been outstanding and qualifies you for the Jefferson School Honor Roll. In order to qualify for the Honor Roll, you must maintain a "B" or above average in all academic work. You have exemplified those qualities which brings success, such as, hard work, commitment to a task, and a desire to excel. These qualities will serve you well throughout life.

As a member of the Jefferson School Honor Roll, your name will be displayed in the main hall display case for the second quarter. You will also be recognized at the awards assembly at the end of the year. Congratulations, we are all very proud of you.

Sincerely,

Randal Graven, Principal
Jefferson Elementary School

Photographs: On previous page, Teddy with baby sister Sabra, December 1986. Above, sister Sara and Teddy on his first day back at school, September 1986.

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