



HEALING

NEWSLETTER

VOLUME 11, NUMBER 4

JULY - AUGUST, 1996

Healing Interviews ...

Dr. Giuliano Deگو

We are delighted to report the arrival in San Diego of the well-known Italian writer, Giuliano Deگو. Dr. Deگو is here to supervise the publication of his epic novel, *Doctor Max*, a monumental tribute to the work of Max Gerson, M.D.

Born in Italy, Giuliano Deگو began his literary career in Great Britain, where he taught for 21 years in British universities, the last 15 at London University. He has published 14 books in Italy and several in English and has been a literary critic for *The Times of London*, *Times Literary Supplement*, *Il Corriere della Sera*, *La Stampa*, and other major newspapers and magazines.

We thought readers would like to know more about this exciting work, which we will be previewing in subsequent issues of the *Newsletter*, and put a few questions to its author.

Healing: Dr. Deگو, what gave you the idea of writing this novel?

Deگو: When I set out to tell this story, I was driven by a number of emotions:

continued on page 4

The Approaching Era of BSE

... Revenge of the Cannibal Cows

by Howard Straus

There have been many cries of apocalyptic doom over the last decade, from the hole in the ozone to the global spread of AIDS, the rising cancer rate or global warming. Many of these have generated controversies, each side of the controversy having either a palpable agenda, or a vested economic interest in the status quo. Meanwhile, governments, in league with agribusiness have been fashioning a real, present and current disease through cynicism, incompetence, lies and shortsighted economic expedience. The result could soon spell an epidemic that would dwarf cancer, heart disease and AIDS.

In 1981, the British government relaxed agricultural regulations regarding what could be fed to livestock, allowing processed slaughterhouse waste to be fed to livestock as high protein supplements. That meant that various parts of sheep, chicken and cows, including brains, eyes and bones, could be processed, flavored and mixed with other feeds to cheaply increase the productivity of cattle farms. Brains of sheep with a disease

called scrapie were included in the list of permitted contents of cattle feed, as were, incredibly, chicken droppings. The fact that this practice would turn normally vegetarian animals into carnivores, even cannibals, was simply ignored, despite warnings from various concerned scientists, and a Royal Commission, who were roundly ignored and effectively pooh-poohed.

The practice was widely adopted in the British cattle industry, and subsequently led to cheaper beef, a highly desirable result for the growers, and one that enabled the British to compete well with the Continental beef producers in France and Holland.

Suddenly, in 1986, the honeymoon ended. The first case of a new cattle disease had been diagnosed. It was a bovine form of the sheep disease scrapie, and was called bovine spongiform encephalopathy, or BSE for short. Its better-known name, by now, is Mad Cow Disease, because the cows that contract the disease become aggressive, disoriented, and generally

continued on page 2

- The Approaching Era of BSE page 1
- Healing Interviews Dr. Giuliano Deگو page 1
- Editor's Corner page 3
- Which Apples are the Best for the Gerson Therapy page 4
- From Charlotte's Clinical Notebook - An Excellent Day at the Gerson Hospital page 5

- New Cancer Initiatives From the FDA page 5
- On the Convention Circuit: Germany, Great Britain and Canada page 6
- New Gerson Therapy Videotapes available page 7
- Attention Gerson Patients page 7
- Live to be 120 (But No Thanks to Your Doctor) page 8

IN THIS ISSUE...

- Gerson Bread Source page 10
- Attitudes Change page 10
- Can I Do Anything About Mad Cow Disease? page 10
- 1996 Gerson™ Therapy Lectures and Conventions page 12

Mad Cow Disease ...

Continued from page 1

appear to have gone "mad". The disease destroys and kills by literally turning the animals' brains into sponges by boring holes in brain and nerve tissue. Though the new disease was reported to the appropriate authorities in the British government, they did nothing to alert the general population to the situation for at least eleven months, when they finally published the finding in an obscure veterinary journal, unlikely to be seen or noticed by the general public. Certainly, nothing was done to change the practice of feeding slaughterhouse offal to cows, sheep, chickens or pigs.

When the press got a hold of the story, and began raising questions about the safety of British beef, the organs of government churned into high gear. Every possible senior official who had anything to do with public opinion, from the Prime Minister to the Minister of Food and Farming, assuring the world that British beef was sound, safe, and that this disease, which had already made the jump from sheep to cattle, could not possibly make the jump from cattle to humans. This despite the fact that virtually nothing was known for certain about BSE. Any researcher or government official who did not hue to the party line was rapidly and effectively silenced and/or "made redundant", i. e.: fired.

In 1989, two cases of an atypical strain of Creutzfeldt-Jacob Disease (CJD) were diagnosed, a strain which was alarmingly similar in effect and

area of the brain attacked to BSE. Rare instances of this disease had been recorded as far back as 1965. Britain's trading partners began making noises about quarantining British beef, as the European Economic Community (EEC) had already done to American beef (antibiotic residues are so high that American beef is considered "tainted" by the EEC). Still knowing nothing about the cause of the disease, and having no "scientific" proof one way or another, the British government continued its public relations campaign to convince the world that British beef was sound. How could they guarantee the health of every cow in the British Isles? Advertising and governmental gobbledegook would have to do the trick. The idea that someone might actually have to be held accountable for an incipient and deadly epidemic was simply unthinkable. Still, nothing was done to halt the practice of feeding cows to cows.

The epidemic started to grow. At first, only older people were affected. Many cases of CJD were probably misdiagnosed, since the symptoms in humans are very similar to those of Alzheimer's Disease. In fact, at least one victim's wife, convinced that her husband had died of CJD rather than the diagnosed Alzheimer's, repeatedly demanded an autopsy before her husband's body was cremated. She was unable to prevent the cremation, and the autopsy was never done. Another victim's mother, going public to save other mothers the agony of watching their own teenagers sicken and die, was told to think of the economic havoc she was causing. It appeared that CJD had an incubation period of between ten and twenty years, and nobody could prove that it was transmitted via cows and the consumption of animal flesh. Experiments done by the British government themselves showed that, contrary to the authorities' statements, monkeys, and by extension, probably humans were capable of contracting the disease from cattle. Yet, the spin doctors managed to turn even these experiments into encouraging news! Not until 1988 were any limits put onto the amounts, types and health of the offal going into cattle feed, and then they were inadequate and sloppily enforced by a government far more responsive (as usual) to the short-term economic interests of the farm-

ers and commerce than to the health and survival of its individual citizens. It was a further two years before controls were put on feeding infected offal to poultry, whose droppings, remember, were still being fed to the cattle. Only on March 20, 1996, after teenagers, some as young as 15 and 16 years old, began to die of a much faster moving strain of the disease, one with an incubation time of five to ten years, did the government finally admit that BSE was the "most likely" cause of the recent outbreak of CJD, publicly eating their own words.

On March 26, 1996, the rest of Continental Europe, led by Germany, put a quarantine on all British beef and beef products. Russia even embargoed British milk and leather. The British government has very belatedly instituted a program of cattle destruction, hoping to limit the damage and restore confidence in farming practices and the health of the British cattle herd, numbering in the millions of animals. The practice of feeding infected offal to the remaining animals has been discontinued. But the death toll from the new strain of CJD continues to rise, and the victims are otherwise healthy teenagers and young adults.

The problems, of course, are very complex. In Iceland, when the related sheep disease scrapie was found to be infecting a large proportion of the sheep, every sheep in Iceland was slaughtered and disposed of, and the entire herd was replaced by importing healthy animals from abroad. Within a few years, however, the new herd was infected again. The only possible means of transmission of the disease from the sheep that no longer existed

Continued on page 3

Publication Schedule

The Gerson Healing Newsletter is published bi-monthly by the Gerson Institute. It is our membership organ, and is intended to keep our members informed of health issues surrounding the Gerson Therapy, including political developments, case histories, clinical notes and recent literature having a bearing on nutrition and health.

Members receive the Gerson Healing Newsletter six times a year. You can become a member of the Gerson Institute simply by making a tax-deductible contribution of \$25.00 or more (foreign memberships \$30.00) to The Gerson Institute.

GERSON HEALING NEWSLETTER

© Copyright 1996, The Gerson Institute.
Howard D. Straus, Editor

Please address all letters and comments to:

The Gerson Institute
P.O. Box 430
Bonita, CA 91908-0430
ph (619) 585-7600 fax (619) 585-7610
e-mail: mail@gerson.org
URL: <http://www.gerson.org/>

Charlotte Gerson, President
Chip White, V. P., Client Services
Howard Straus, V. P., Communications

Editor's Corner

... Theoretical limits

by Howard Straus

I am sure that others have noticed the constant stream of news about scientific studies confirming the value of this or that vegetable or vegetable nutrient in preventing cancer, and a similar stream of articles attributing carcinogenic properties to various toxins, food additives and animal-based foods. In 1979, the McGovern Commission on Nutrition and Health, after an exhaustive, two-year hearing, published its findings in "Dietary Goals for the '80s", a booklet that showed that about 50% of all cancers were of nutritional or environmental origin.

Some years later, the National Academy of Sciences assembled an 18-member, interdisciplinary committee to survey all the available research on cancer. Their findings were unanimous: any prudent person, having seen the available research, would change to a more plant-based, lower fat, lower sodium diet to protect himself against cancer, and that far more could be done regarding nutrition than was being done. The report was unanimous, there was no argument within the committee regarding supporting the findings.

The American Cancer Society publishes a "cancer prevention" diet, one that it assures is "finding the cure for cancer in your kitchen." The diet is remarkably like the modified Gerson diet, but lacks the courtesy of mentioning Dr. Gerson, whom the ACS has been defaming for years.

Broccoli, cauliflower, fruits, vegetables high in beta-carotene, greens, fiber, oatmeal and many other fruits and vegetables have been mentioned, one by one, as having specific and measurable protective value against cancers of all kinds. At the same time, meats, salt, food processing chemicals, sodium, fat, industrial and agricultural chemicals are found, one by one, to have powerful carcinogenic actions, confirming in the scientific laboratories Dr. Gerson's empirical and clinical experience.

And yet, the National Cancer Institute, and oncologists throughout the land continue to insist that proper

nutrition is not a factor in cancer treatment. Cancer patients who undergo conventional therapy, such as radiation, surgery or chemotherapy, often ask their oncologists whether they should seek out or avoid certain foods to aid their recovery. This seems like a common-sense approach to most people, who are aware of the powerful effects of nutrition on their health, and pay it lip service at least, in their day-to-day lives. Most are surprised and disappointed to hear their physicians tell them, "Eat whatever you feel like eating. Diet has nothing to do with cancer."

This response clearly contradicts most of the scientific findings of the past twenty-five years, to say nothing of the brilliant work of Dr. Max Gerson. But when exhaustive and long-term surveys of the scientific literature say that diet *does* have a lot to do with cancer, we must examine the oncologists' statements more closely.

Is it possible that they believe that diet has nothing to do with healing a cancer that already exists? If so, how do they know that? Have the physicians established the exact threshold at which a good diet is no longer beneficial to cancer protection? If so, we need to be told what that is, and what studies underlie the statement.

Do physicians think that good diet can no longer protect when one cell has turned cancerous? Or 100, or 1,000,000? We all have some abnormal cells in us at any given time. So the answer cannot be one or 100. In Napoleon's time, a physician repeatedly injected himself with live cancer cells to see if that caused cancer. It didn't. Certainly that would militate against an upper limit of 1,000,000 cells, since any visible injection would contain numbers of that magnitude.

But if a body with a million cancer cells would be helped to protect itself by a good diet, why would a body with two, three or ten times that number suddenly fail to benefit from a healthy diet, supportive of the immune system? And if surgeons, who often claim to have "got it all", believe that there are less than a million cancerous cells left, why don't they strenuously recommend the ACS cancer prevention diet as a post-operative aid to recovery. It must take a powerful denial mechanism to ignore the mountain of evidence, as doctors have done for a quarter of a century.

Mad Cow Disease ...

continued from page 2

to the new, healthy sheep, was that the ground was infected, and the new sheep could be infected from the urine and droppings of the old sheep. The latest understanding of this disease is that it is not transmitted by a virus or microbe, but by a tiny protein fraction (called a prion) that is virtually indestructible by sterilization, acids, heat or burial in soil. This has chilling implications for the British, who, until recently, have been burying large numbers of slaughtered, infected cows and sheep in farms and landfills, many near rivers and municipal water sources. There is no way to remove these sources of infection from the ground, as the products of decay have, by now, spread far and wide, both from urine and cattle droppings, and from the buried animals. The disease causes no immune response, and there is no known treatment for it, much less cure.

Often, when a farmer begins to see the first symptoms of a BSE-infected animal, economics dictate that he is better off to kill and bury the animal on his farm than to admit that his farm is no longer BSE-free, or even better, send the animal to the slaughterhouse before the animal becomes clinically ill and has to be destroyed. Although the government will pay him to destroy and incinerate the carcass, animals from "BSE-free" farms fetch higher prices than those from farms admitting the problem. Unfortunately, this gives farmers large economic incentive to misrepresent the status of their farms. Some farmers have already been fined for falsely representing their farms as BSE-free, others have, most likely, escaped detection.

By May, 1990, a quarter of the population of Great Britain refused to eat beef. In six months, beef prices dropped 10-25%, devastating the cattle industry. Cats and zoo animals are now dying regularly from their own variants of spongiform encephalopathy; over 160,000 British cattle have already succumbed to it. To date, there is still no well-defined, strictly implemented program for keeping infected offal from infecting healthy meat in Great Britain.

continued on page 9

continued from page 2

anger, an outraged sense of justice, awe and admiration for the incredible figure of Dr. Max Gerson. There was also a tremendous sense of sympathy and participation for the millions of sufferers of cancer and the by now tens of millions of bereaved families of those who have succumbed to the disease. As a man, I grieved for them; as an intellectual, my spirit rose up against the corrupt and dishonest scientific community that systematically suppressed truths that could have saved them. There was something else, too. One of the major obsessions of my life has been the Nazi holocaust: the assembly-line murder of millions that has so degraded our century. I was struck by the parallels between the Nazi killing machine and the modern medical-pharmaceutical establishment. Max Gerson's flight from Germany, where, in other political circumstances, he could, as Albert Schweitzer said, have taught his ideas at one of the major universities, made of Nazism an unconscious ally of Gerson's medical enemies. These thoughts, and the facts I uncovered about the disgraceful medical cover-up of Dr. Gerson's ideas became the main themes of the novel.

H: *What made you decide to write a historical novel rather than a straight biography of Gerson?*

D: Many people have asked me that question. The simple answer is that I wanted this message to reach as wide a public as possible. Novels like *Roots*, *Death Be Not Proud* and *Uncle Tom's Cabin* have had a tremendous impact on public awareness, and I hope that in some way *Doctor Max* will, too. A novelist can fill in and make more colorful the biographical information at his disposal. For instance, we know that Dr. Gerson loved walking in the woods. As a biographer, I can note that fact. As a novelist I can describe him walking through a forest and imagine which way the path curved. This may or may not be accurate, but does not affect the truth of the book.

H: *Who are the fictional characters in the book?*

D: I have always been intrigued and moved by the figure of the affluent Russian afflicted by *lupus vulgaris*, whom Gerson cured and who subsequently was instrumental in persuad-

Which Apples are the Best ... *for use with the Gerson Therapy?*

by Charlotte Gerson

Many people have asked me which apples are best for use with the Gerson Therapy. I would like to address this question.

As eating apples, all types are fine. If the patient prefers one kind of apple, say a sweet one, over a tart apple, it is better for him to eat the sweet apples because he will eat more. Apples are such an excellent fruit that anything should be used to encourage patients to eat them. Cooks know that certain apples bake well, others make better apple sauce. Here, again, whatever the patient prefers is the best.

The only time the type of apple is important is for juicing, since juicing uses such large quantities of apples. It is not good for a cancer patient to get too much sugar, especially in juice form. This sugar passes into the blood stream quickly, and can raise the blood sugar enough to feed tumors. Therefore, the best apples for juicing are the less sweet ones: Granny Smith, greenings and mackintoshes are best. Jonathans are also good. Rome beauties are generally a bit more mealy and don't juice as well,

but can be used too. Golden and red delicious apples are the only apples that should be avoided for juicing, if at all possible. But there is a time of year, such as right now, in July and early August, when the only apples left from the old crop are red delicious. During mid-summer, you have no choice but to use what is available. You will be lucky if you can still find some organic red delicious apples for your juices.

The new apple crop generally comes in around the middle of August. These new crop apples also present a problem, since they may not be quite ripe. If the patient gets unripe apples, he may get gas and stomach upsets. In that case, it is best to use some of each in the juices: part old, sweet, red delicious apples and part slightly unripe and tart new crop apples. If you have asked your organic produce provider to store some of the organic old crop of red delicious apples for you (see *Summer Apple Alert*, Gerson Healing Newsletter, Vol. 11, No. 3, May/June, 1996), you should be all set.

ing Prof. Ferdinand Sauerbruch to preside over the historic trial of Gerson's method. He began to take shape in my mind and I invented a past, a name – Count Andrej Markhoff – and a personality for him. Also I expanded his mission from the desire to start a Gerson clinic in Switzerland to a determination to write a biography of the doctor who had saved his life. But researching the life of an unorthodox Jewish physician in the face of fierce opposition from his Nazi colleagues proves a nightmarish task. Eventually, hired assassins set off after Count Markhoff and the lively group of unusual and colorful characters who have gathered around him: an ailing child, an earthy and humorous Gerson factotum, a former prostitute, a mute dog. In this way, Dr. Gerson's official biography emerges amidst a host of adventures whose settings range from

a huge maze of underground Westphalian caves to the Nazi extermination complex at Auschwitz.

H: *How long did it take you to write this book? I know it is over 700 pages long.*

D: I began researching the book in 1979, and the immense amount of documentation I found kept me busy for many years. I have published other books during this period (including *The Genial Seed*, a verse tribute to Gerson, written for the centennial of his birth in 1981) but have been working steadily on it. It has taken all my craft to blend documentary, drama and compassion with relentless action and suspense. I want it to be not only something you read, but something you live through, because it directly concerns our lives.

From Charlotte's Clinical Notebook

...An excellent day at the Gerson Hospital

by Charlotte Gerson

Last week, on the occasion of my visit to the Gerson Therapy hospital, I had another one of those magical days when all the patients are not just doing very well, but wonderfully well, with dramatic improvements.

One lady who had been at the hospital for just two weeks with breast cancer had arrived with a hugely swollen and hard breast. In addition, there were obviously some swollen lymph nodes under her right arm, and the whole right arm, down to the knuckles of her hand, was badly swollen. Her hand was all puffy, and her arm was hard. In just two weeks, she was beaming with joy. Her hand had already returned to normal, her arm was much reduced in size. It was her breast, however, that showed really dramatic improvement. The swelling was down considerably and the tissue was soft again. Her pain was also virtually gone; she suffered just an occasional mild stab. When this lady first arrived, I had discussed with her the possibility of surgery to relieve the huge mass and make it easier to heal. But, aside from the possibility that surgery would no longer be possible, she rejected that suggestion. And, as it turned out, events proved her right and with the exact and intensive Gerson Therapy she was healing beautifully.

Another patient, who had been active as a missionary, was suffering from lymphoma with severe pain in his groin that also showed badly swollen glands. The pain was radiating into his hip, and the entire right side of his pelvis was causing him great discomfort. Well, that wonderful day, he was delighted to tell us

that his pain was completely gone and that the swollen lymph nodes were almost gone. He had been at the hospital just three weeks.

The most dramatic case was that of a lady, coincidentally also a missionary for many years. She was extremely heavy, suffering from severe diabetes, and in 1990 had already experienced a stroke that paralyzed her left side. She had been confined to a wheelchair since the stroke, and her left hand was useless. Over the years, her skin started to break down and by the time we saw her, her right big toe had turned black with gangrene. Her legs, from the knees down, were covered with skin lesions that caused her a lot of pain and that didn't heal. The doctors at the previous hospital had bluntly told her that they would amputate both her legs at the knees, since she "wasn't using them anyway." When she arrived at the Gerson Therapy hospital, she weighed 350 pounds, was bloated and in extreme pain from the legs and the gangrenous toe. Within one week, the pain was almost gone, much of the bloat and swelling had come down, the lesions on both legs were starting to fill in and showed healing and she was able to sleep. After two weeks, she was in good enough condition to have the one big toe (not both legs) amputated and was in excellent spirits since she felt so much better.

All the other patients, without exception, were doing well, but the three above were excellent examples of how quickly and effectively the Gerson Therapy works to reverse severe disease.

Share the gift of health with
someone you love ... a gift
membership in The Gerson
Institute keeps giving all year
long!

Smokers, Beware!

On a recent flight from San Diego to Sacramento, Charlotte heard the following announcement from the flight attendant.

"This is a non-smoking flight. If we see anyone smoking, we will assume they are on fire, and take appropriate action!" The image delights.

New Cancer Initiatives

... from the FDA

by Charlotte Gerson

The April 24, 1996 issue of JAMA (*Journal of the American Medical Association*) Vol. 275, No. 16, contains the above headline on page 1224, followed by the statement: "The FDA will improve access to promising new therapies for cancer patients under the following new initiatives announced as part of President Clinton's 'reinventing government' program:

- Accelerating the approval process by using clear evidence of antitumor activity (such as partial response or tumor shrinkage) as a basis for approving cancer therapies for patients with refractory malignant diseases or for whom no adequate alternative therapy exists. Post approval studies will usually be required.

- Expanding access to investigational cancer therapies that have been approved in other countries.

- Ensuring that all FDA cancer therapy advisory committee meetings include an *ad hoc* member who has personal experience with the cancer for which the new product is being considered.

- Making it easier for physician-investigators to test new uses for cancer therapies already on the market. The FDA is clarifying its policy that an IND (investigational new drug) application is not necessary for study of a new use of a marketed drug or biologic product where the agent will be used in generally the same patient population and manner for which it was approved, and the study is not intended to support approval of the new use or a significant change in the labeling or advertising of the product."

The item is signed by Stuart L. Nightingale, M.D., Associate Commissioner for Health Affairs.

If the above policies are implemented, they will be huge steps forward in making effective, alternative cancer therapies available at last to suffering cancer patients.

On the Convention Circuit

... we return from a visit to Germany, Great Britain and Canada

by Charlotte Gerson

It is always a pleasure to travel to the many places where we have patients, to see them, talk to them, and know they are well and leading busy, active lives. When I tell Dr. Melendez about seeing some of those patients, and how well they are doing, she tells me that next time she wants to come along! She has threatened to come along before, but so far has not had the opportunity (or time) to do so.

During the month of May, our readers know that I attended a Natural Healing Congress in Germany. From there I travelled to London where there is a large Gerson Support Network, ably served by Janet Pottinger. There I presented a well-attended all day lecture/seminar. I was delighted to be able to visit with several of our cured "incurables". Last year I already reported in detail about Beata Bishop, one of our recovered melanoma patients. Many of our members know that she wrote a wonderful first person book about her illness and recovery on the Gerson Therapy (*A Time to Heal*, \$695 plus shipping from the Gerson Institute). The great news is that since our report, her book has been translated and published in German (*Ich Sollte Sterben*), and the Penguin Publishing Company has acquired the worldwide English language distribution rights, and will republish *A Time To Heal* in fall of this year. Beata let me have a peek at the new cover! She will also be presenting some of the materials in the first-ever formal Gerson Physician's Training (July 8-13, in San Diego) on her specialty: Psychological Aspects of Healing the Cancer Patient. She had just returned to London from one of her bi-annual trips to Hungary where she also lectures to doctors on Natural Healing.

Eileen Richards

We have not written about Eileen Richards previously, but the story of her illness and recovery on the Gerson Therapy is both inspiring and fascinating.

Some three years before Eileen was

diagnosed with cancer, she had received a diagnosis of chronic fatigue syndrome (CFS). Her general practitioner (GP) explained it away by telling her that her children and home duties were simply wearing her out. Eileen's problem came to a head in spring of 1990, when, one morning, she could not move to get out of bed. This time she was told that her "hip joint was out of its socket". It later turned out that this was part of her disease.

In Summer of 1990, she discovered a small lump in her left groin. Her G. P. told her not to worry, it was "probably an infection". Eileen had been having continual infections, colds, flus and upset stomachs. The lump in her

The surgeon ... found her lymphoma to be in Stage IV, her bone marrow positive, far advanced, plus her CT scan showed two lesions in her liver.

groin remained. Then new symptoms developed: she had intermittent vaginal bleeding. An internal examination showed all areas were clear – but the lump was still there. Finally, reluctantly, on her insistence, a surgeon removed the lump, examined it and found it to be lymphoma (non-Hodgkins, centrocytic/centroblastic follicular). He sent her to "Bart's" (St. Bartholomew's Hospital in London, which has specialists in the treatment of lymphoma.) When a specialist reviewed her slides and did a CT scan and a bone marrow biopsy, he found her cancer to be in Stage IV, her bone marrow positive, far advanced, plus her CT scan showed two lesions in her liver. She was pronounced "incurable" but she "could be treated with chemo and would be eligible for a

bone marrow transplant." She was given Chlorambucil and Interferon in October 1990. After the first week of her treatment, she was vomiting and had terrible headaches. Now the lumps had spread throughout her groin and both armpits. After ten days of chemotherapy pills, she was hallucinating. Eileen was told to stop all pills and treatments. Her lumps had started to recede – but when she stopped the pills, the lumps came back with a vengeance. Three days after she came home from the hospital, both her legs, from the knees down were dark purple (possibly blood leaking from chemo-damaged capillaries). A visiting doctor said that having chemo is "like drinking a bottle of bleach". Her own GP told her she had a severe allergy, and she was given steroids.

By then, Eileen was convinced that the treatment, not the disease, was going to kill her. All this time, "Bart's" kept trying to persuade her to take another chemotherapy agent, Cyclophosphamide, but she refused. In February of 1991, they became impatient and angry with her. At about this time, she heard about the Bristol Centre, where a week-end was being given for cancer patients. There she learned about coffee enemas, and on further enquiry, found out about Beata Bishop's book as well Dr. Gerson's book, *A Cancer Therapy: Results of 50 Cases* (\$1495 from the Gerson Institute). Eileen made contact with Janet Pottinger, founder and leader of the Gerson Support Group in Great Britain. When she told the Professor at "Bart's" that she was going to Mexico, he was furious, and threatened that she would die within 12 months if she didn't take more chemo. Ignoring his advice, by March of 1991, Eileen was in Mexico at the Gerson Hospital.

At the Gerson Hospital, she started having healing reactions, and an old rash returned. She also lost weight during the first ten months. By

Continued on page 7

Convention Circuit ...

Continued from page 6

January of 1992, she had strange reactions. She would wake up during the night with intense heat in her abdomen for about two hours. These would be followed by horrendous headaches. However, when these symptoms disappeared, a large, orange sized lump under her arm receded rapidly, and she started to regain the weight she had lost. Another movable lump in her abdomen also disappeared.

After two years on the Gerson Therapy, she felt much better but still had some superficial lymph nodes. Professor Lister agreed to another scan but hesitated to give her the results. It showed that her liver was clear, but she still had some swollen lymph nodes. At that point, on Dr. Melendez' suggestion, she took some castor oil. This caused her a violent reaction, with fluid retention and swellings all over. Her legs were so heavy with fluid she couldn't walk; her lungs were full of fluid and she was having trouble breathing. She tried to but failed to reach her Gerson doctor, and instead talked to a consultant to our former hospital. He suggested *more chemotherapy!* She refused, and said that after two years on Gerson Therapy she would be crazy to take chemo again. Her naturopath told her to stop the castor oil and reduce fluids. Slowly, the accumulations disappeared – and along with them, all the superficial lymph nodes went away.

Now all the swollen lymph nodes are gone; she is working and says she never felt better, has good energy. "I'll always stick to the Gerson diet. My father died of bowel cancer, my sister of brain cancer, one brother had bowel cancer and died; another brother has lung cancer. I am sure that I have a genetic load and for me, it's too risky to get off the Gerson Therapy!"

A nutritional physician re-tested Eileen after two years and found all levels normal. Eileen described some of the incredible symptoms she had during her healing reactions: she had a purple line along her hairline where hair dye was coming out. The top joints of her fingers developed deep cracks from which a white paste was excreted. Her toenails turned deep

brown/yellow as though she had heavy tobacco poisoning. She had terrible rashes everywhere, and mouth ulcers. Thick liquid poured from her swollen eyes. For over six months, her body exuded such a strong smell of ammonia that "my husband could hardly bear to sleep in the same room." In the end, all the healing reaction symptoms cleared. She is well now, has good energy, and even though it took a long time, Eileen feels it was well worth the time and effort required by the Gerson Therapy. After all, she's *alive*.

Janet Pottinger's Dinner in London

Janet Pottinger, our very active networker in London, organized a Gerson patients' dinner, complete with a delicious menu. Would you believe a Gerson pizza (!), among other wonderful dishes.

Janet is also a recovered patient. In 1987 she was diagnosed with an in-situ intraductal carcinoma of the right breast. At that time, she had a suc-

A radiologist recommended, "Radiation tomorrow morning." Another surgeon insisted, "More surgery." [Janet] did neither.

cessful career that often required her to attend business luncheons and dinners. In 1984, she had traveled to China on a holiday and had received several vaccinations, with boosters in 1985. Following these, she felt less and less well, but had no specific symptoms. (For further discussion of the problem of vaccinations, see *Confessions of a Medical Heretic*, by Robert Mendelsohn, M. D.)

After seeing a homeopath in 1987 for several symptoms, Janet decided to have a complete checkup. It didn't register at the time that the nurse was spending a lot of time during the checkup on Janet's breast screening, nor did the need for a second mammogram alarm her, "because the first one was unclear, which might have been a problem with the machine."

Two weeks later, her general practi-

tioner suggested that she see a specialist, but Janet was just too tired to think of any serious problem. She consulted a surgeon, who never mentioned the word "cancer," but said that "something" had shown on the mammogram, and Janet needed surgery urgently. He said he had no idea "how long it had been there" [emphasis ours]. Janet and her husband drove home "in dejected stunned silence and then, at home, hugged and cried a lot." A few days later, she had a lumpectomy at the Cromwell Hospital in London. She specifically forbade the surgeon from removing anything but the lump ("We were still not using the word 'cancer,' she said), no mastectomy, no lymph node dissection. She went home, the day after the operation, "shaken, scared but relieved."

"What I'd dreaded most about the operation was having the anesthesia and being completely in the hands of other people, at their mercy." Early one morning, soon after the operation, the surgeon called to say that the tissue was malignant but that he had "got it all out!" Janet continues, "The beautiful summer day suddenly looked brighter and sunnier and the sky was bluer. My husband and I went for a gentle stroll in the park. But, by evening of the same day, the surgeon urgently called to see me again. By 9:30 PM we were in his office. He told us that in his experience, there was a 50/50 chance for my tumor to recur, and that a mastectomy would keep it from coming back. If it did recur, there was again a 50/50 chance that it would be more invasive."

Janet seriously started to phone around, and talk to friends about options. Among others, she found Beata Bishop, who listened and suggested that they meet. From Beata, Janet learned about Gerson, but still sought other medical opinions. A radiologist recommended, "Radiation tomorrow morning." Another surgeon insisted, "More surgery." She did neither. Two years later, and six months after a business upset, in August of 1989, her cancer was back again in the same place. At the end of that month, Janet came to the Gerson Healing Center in Mexico, after arranging her household to return home to the full Gerson Therapy.

"One afternoon in January 1990, I

Continued on page 8

Live to be 120

... But No Thanks to Your Doctor

reprinted, with permission, from *Taipan*, Special Report, Summer 1996

TAIPAN sees a growing revolt against the U.S. medical establishment. Use of all types of alternative medicine is on the increase, with billions of dollars at stake. According to the prestigious *New England Journal of Medicine*, one-third of all doctor-visits are to non-M.D.s.

What we find interesting is that the "new aristocrats" are leading the way. The higher your income and education, the more likely you are to turn to alternative medicine for back pain, heart disease, cancer, allergies, arthritis, MS – all diseases for which the medical establishment has no answers.

If you're an American with cancer, probably the smartest thing to do is get on a plane and leave the country. Many of the most promising treatments are against the law here but legal elsewhere.

Recently, Dr. Henry Heimlich – of the world-famous Heimlich anti-choking maneuver – made an incredible discovery. He noticed that the cancer rate is very low among people who have had malaria. This little observation may hold the key to a cure. (*Hyperthermia, the practice of generating artificial fever, has been used effectively for years at Gerson clinics*)

Convention Circuit ...

Continued from page 7

woke up from a sleep, and as I woke, I knew I had no more cancer. It was gone, I was sure." In April a homeopath confirmed that there was no more cancer. In January of 1991, Janet had another mammogram from her surgeon. He couldn't bring himself to admit that she was clear; instead he shouted at his nurse for supposedly doing something wrong with the files. Finally, Janet asked, "Does the mammogram show the scar tissue from the '87 operation?"

"No, there's no scar tissue."

"Is there a tumor?"

"No – nothing."

The surgeon didn't charge for that consultation.

"I stayed close to the Therapy after

in Mexico – ed.) But is the medical establishment following up? No. Dr. Heimlich is pursuing his research in Mexico, since it might get him jailed here.

It's strange to say, but U.S. Doctors seem to be trapped in the same Iron Age mentality as our automakers. To medical doctors, the body is like a machine. You cut it open, fix it up, replace the parts.

More and more of us aren't buying it. You see, it's quite possible to live to 100 – the normal limit of our lifespan is roughly 120. But the key is staying healthy, not getting a doctor to fix you once you've broken down. Wealthy people realize this, and they devote a lot of time and cash to staying young (skin care is a growth industry).

It pays to be a member of the new elite. A fifty-year-old American looks like a kid compared to a fifty-year-old Russian. The difference is astounding, and it shows the value of "proper maintenance." *TAIPAN* predicts more and more people are going to take their health into their own hands, creating new industries and leaving our bankrupt medical system to the unhealthy poor.

18 months with juices and daily enemas, organic food and decreasing medication. Now, in summer 1996, I am alive and well, very active and still staying close to the Therapy. I do eat out occasionally, fish sometimes, but am mostly vegetarian."

Janet made another observation, not unusual among recovered patients. "I'm glad I had cancer. It caused me to evaluate my life and what I was doing with it. Beata Bishop was a kind and generous source of information and encouragement. I received so much help and support from many people, friends I didn't know I had. I met some wonderful people, had a lot of fun and have been able to con-

The names "Gerson" and "Gerson Therapy" are trade marks and/or service marks of the Gerson Institute and Cancer Curing Society.

tribute something to others. My husband and I have a deeper appreciation of each other through the Gerson experience. I know I couldn't have succeeded without his love and support."

Xavier Naude

Xavier Naude was at the Gerson patients' dinner, too. We printed his story in the *Healing Newsletter*, Vol. 9 No. 3. He had been suffering from severe emphysema, and his doctors told him that he had only about 30% of his lung capacity left. He could barely walk across the room without stopping to catch his breath; he often had leg cramps at night, as well as arthritis. Eight months later, when we next met in London, he was easily able to follow me up two long flights of stairs. I asked him whether he can still manage two flights of stairs. He responded, "At least two flights, but easily more than that. I can do anything I want now." Asked what his doctor said about his condition, Xavier told us, "He says that I now have 50% functioning lung tissue."

On to Canada

From London, I flew to Canada. In Montreal, the first person I talked to was a naturopath who had helped with the planning of my seminar the next day. He told us an interesting story as well. Some ten years ago, his father-in-law had been diagnosed with advanced pancreatic cancer. They opened him up to try surgery, but found the disease too far advanced, having invaded the liver, so they sent him home to die. Rather than giving up on him, the naturopath put his father-in-law on the Gerson Therapy. He lived another nine years in good health – before succumbing to a stroke.

Dr. Joergen van Zsidy

At the seminar in Montreal, another physician/naturopath, Dr. Joergen van Zsidy, shared his experience. We described his case in *Healing Newsletter*, Vol. 11 No. 1. He had been diagnosed about six years ago with advanced liver cancer, and was dying. His weight was down to 97 pounds, and though he was on many painkillers, he still got no relief. He went on the Gerson Therapy and has now been well for over four years. Dr. van Zsidy is in good health, "feeling better than before" his illness, and is active and working.

Mad Cow Disease ...

Continued from page 3

That's England, though, isn't it?

"What does this have to do with the United States?" you may be asking. "We have been assured that there is no BSE problem here. We don't import British beef, do we?" Well, no, we don't, and haven't since 1989. But what we do continue here is the practice, now banned in Great Britain, of feeding processed slaughterhouse waste to cows, chickens and pigs as low cost, high-protein feed supplementation. This is the very practice that got the British cattle industry in such bad trouble so very quickly a decade and a half ago: feeding cows to cows. In 1991, the USDA considered a mandatory ban on the practice. But according to an internal USDA document, the agency dismissed the ban because, "the cost to the livestock and rendering industries would be substantial." (Sound like Britain's initial response?)

We certainly have the problem of scrapie in America, and it is known to have jumped the species barrier from sheep to the cattle herd. Scrapie manifests itself in cattle as the animal falling down, and being unable to rise again. There is the possibility, even the likelihood of an outbreak of BSE and its associated human form, CJD occurring in the United States. It may already have arrived here, and been missed in the background noise of the enormous human tragedy of our epidemic of Alzheimer's disease. It is quite possible that many cases of CJD have been misdiagnosed here as Alzheimer's, disguising the onset of the epidemic by not recognizing it for what it is, and giving us a false sense of security. In fact, there is good evidence that BSE has been in the United States since the mid-70s.

What is even worse is that it is not just beef that is affected.* By now,

*In 1989, approximately 800 million pounds of slaughterhouse remains were fed to US beef and dairy cows as an inexpensive "protein supplement" designed to boost milk and meat production. In the same year, roughly 2.7 billion pounds of slaughterhouse remains were fed to poultry and another 1.6 billion pounds went into feed for pigs.

slaughterhouse workers, farmers and food preparation workers have died of CJD, possibly from the constant contact with animal blood and offal. The ground on which the cattle have been urinating and defecating is certainly infected, and we know that the vector survives in the ground for long periods of time. We know little about the effects of the disease or its vectors on other animals fed infected offal, such as chickens and pigs. And we must assume that milk and other animal products, like gelatin and dairy products, and anything that contains them, are possibly infectious. Think about that, for a moment. Substitute the more familiar but less likely disease "AIDS", and imagine being at risk

"The cost to the livestock and rendering industries would be substantial."

— USDA's explanation of why it would not officially ban the practice of feeding cows to cows.

for infection from a milk chocolate bar or a cold remedy in a gelatin capsule, the egg, butter or milk in a piece of birthday cake, a cup of nonfat yogurt or cottage cheese, and you will begin to understand how deeply the malpractice of the food-animal industry has endangered your life and the lives of your family.

"The critical uncertainty," to quote an article from the Internet by Michael Greger, "is, how small a dose is necessary to pass the disease along? Theoretically, it doesn't matter if BSE can infect humans if we never eat enough meat within a lifetime. Last year, calculations were made to determine how many people will have consumed a potentially infectious dose by 1997. The conservative estimate runs upwards of 34 million people. In other words, virtually a whole generation of people may die. And we are not talking about a quick and simple death, either. If we assume the disease runs a course similar to CJD,

these people will wake up one morning twitching and deteriorate weekly into blindness and epilepsy, while their brain perforates into a sponge. If they're lucky, they will be dead within three months; if not, it may take up to five years."

This disease has the potential to be far more widespread and deadly than AIDS or cancer, than heart disease or stroke. And we don't know we have it until it is far, far too late to do anything about, not to mention the fact that there is, at the moment, nothing we *can* do about it.

Americans' trust in our own government has already fallen to such a low level that we rarely believe its self-serving, exculpatory statements. We must now, however, find a way to let the government know, in no uncertain terms, that we are outraged at the suicidal behavior of the factory farming industry and of the U. S. Department of Agriculture, which is charged with the often contradictory tasks of regulating and promoting American agriculture.

Though we, as Gerson Persons, are basically vegetarians, the practice of making vegetarian animals into cannibals puts us all at risk from the most apparently innocuous substances, and from contaminated water that cannot be purified short of expensive steam distillation. We must force our governmental organs to be responsive to our health and safety, and soon, if we are not to fall victims *en masse* to the same fate as so many Britons have already. We must fight for our survival against our own food suppliers, and against our own government, against the very institutions we want to believe are protecting us. We know the results of trusting the FDA and the NCI to help us. This one, however, is a battle we *cannot* afford to lose.

Some information in this article was reprinted with gracious permission from EarthSave, the newsletter of EarthSave International, 706 Frederick Street, Santa Cruz, CA 95062. ☎ (408) 423 4069 (general information) or (800) 362 3648 (membership and book orders only). EarthSave promotes the benefits of plant-based food choices for our health, environment and a more compassionate world.

Attitudes Change ...

by Charlotte Gerson

On June 17th and 18th, 1996, the *New York Times* carried a front page article in two parts, entitled *On Fringes of Health Care, Untested Therapies Thrive*, by Gina Kolata.

Two statements made in this otherwise very unfriendly article that are very significant in our context.

We quote from this article: "At the American Cancer Society, a spokeswoman, Susan Islam, said the term 'unproven methods' had recently been replaced by 'complementary and alternative methods' because of a concern with 'political correctness.' The term 'unproven,' she said, 'is not PC.'"

At another point in the article, Kolata writes, "Treatments like coffee enemas and juice diets for cancer are not regulated by the FDA because they do not involve drugs."

Can I Do Anything About Mad Cow Disease?

Not only can you do something about Mad Cow Disease, or BSE, but you are the *only* one who can, and/or will. If you leave it up to your government to take the initiative, it is relatively plain to see, from the experience of the people of the British Isles that agricultural interests and the food animal and rendering industries will drive the results. You must tell your government, in no uncertain terms, that it is endangering your life and the lives of your children. Write to your senators, write to your congresspersons, write letters to the editors of your local newspapers, write to anyone that you can about the practice of feeding cows to cows.

Dan Glickman, Secretary of Agriculture, c/o USDA, 14th St. and Independence Ave., SW, Washington, DC, 20250.

David Kessler, Commissioner, FDA, 5600 Fishers Lane, Rockville, MD 20857.

Your Senator, Senator _____, US Senate, Washinton, DC 20515

Your House Member, The Honorable _____, US House of Representatives, Washington, DC 20515

New Gerson™ Therapy Video Tapes Available

Free copies available for libraries and other nonprofit groups

The first of our new instructional videotape series will be available May 10th. The videos are similar to the previous series produced in 1991, but have been completely redone. The information has been updated to reflect changes and additions to the Gerson™ Therapy that the Gerson Institute has implemented since then.

The new videos include Volume I, Overview and Introduction to the Gerson Therapy (includes patient testimonials), and Volume II, The Gerson Therapy at Home. Volume I is one tape, about 2 hours in length. Volume II is a two-tape set, and is about 4 hours. These videos, as well as our Food Preparation video (now known as Volume III), include attractive new full-color packaging, which will help ensure increased interest as we enlarge our free distribution program to libraries and other nonprofit groups. If you know of a library or other non-profit community group who would like a free copy of these videos for circulation to your local community, please have the organization request an application from us either in writing or via fax (619 - 585 - 7610).

The videos will be distributed to trade book and video stores, and will be available directly from the Gerson Institute. Normally, the three-volume set (4 videos) will sell for \$99 (or \$115 separately), but Gerson Institute members may take advantage of a special, "members-only" introductory price of \$85.00 for the set. You must mention the special members' pricing when placing your order. Be sure to include \$6.00 for regular mail. California residents, please add 7.75% sales tax. Orders are being accepted now.

1996 Lectures ...

Continued from page 11

Friday, 6pm to 10pm Workshop: How to do the Gerson Therapy
\$35

Location: 439 Wellington Street, Toronto, Ontario M5V 1E7. For more information, or for tickets or reservations, please call Hélène Roussel, Executive Director, CNHA ☎ (416) 977 2642. A 24-hour information line is available for the latest information ☎ (416) 322 4225.

A Gerson exhibit table will offer Gerson Therapy information, books and video tapes

Farmington, MI

Saturday, November 16th, 1996

Gerson Therapy Seminar
Lecture and Workshop by Charlotte Gerson

Location: The Tree House Natural Food Store, 22906 Mooney Street, Farmington, MI 48336. For more information, or to enroll, please call Nina Caruso ☎ (810) 474 0877.

\$50 admission includes the morning lecture, afternoon workshop, and an organic, live food lunch provided by The Tree House.

A Gerson exhibit table will offer Gerson Therapy information, books and video tapes

Gerson Bread

On our general information sheet for Gerson Therapy needs, we have been giving our readers and friends information about bread, among other items. Rudolph's Specialty Bakery produces an all rye, salt-free sourdough bread which is excellent for Gerson patients. Their address printed on the packages containing this bread refers to their home office at 200 Rittenhouse Circle, in Bristol, PA. However, they list no phone number and nobody could ever reach them. We finally found the address of their plant: Rudolph's Specialty Bakeries, 390 Alliance Ave., Toronto, Ontario M6N 2H8, CANADA. 1-800-268-1589.

Cancer is not a local but a general disease, caused chiefly by the poisoning of foodstuffs prepared by modern farming and food industry.

— Max Gerson, M. D., *A Cancer Therapy, Results of Fifty Cases*