



GERSON HEALING NEWSLETTER

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Excerpt from Doctor Max

...Biographical Novel Previewed

In our last issue, Healing introduced its readers to the Italian writer, Giuliano DeGo, currently in San Diego to supervise the publication of Doctor Max, a novel centered upon the life and work of Dr. Max Gerson. This month, as promised, we will begin previewing this monumental work. Where better to start than with the suspense-filled opening chapter ...

From Doctor Max, Part One: **The Struggle, Book One: The Last Train From Berlin**

1

The man with the green notebook

It all began on a crisp, luminous morning in early April. In fact it was the first of April, 1933.

Shortly before dawn broad expanses of field in lower Saxony vanished behind screens of billowing smoke from the Berlin-Vienna Express. The train had slipped out of the capital

continued on page 4

Are Soy Products Dangerous?

...How Nutritious and Safe are Soy Products?

by Charlotte Gerson, with portions reprinted by permission of *Newlife*

A considerable percentage of the world's population is undernourished or outright starving. For many years, proteins, preferably from animal sources, have been considered to be the best and most acceptable source of nutrients. However, we also know that it takes some 16 pounds of grains, fed to cows, to produce one pound of meat. In his book *Diet for a New America*, author John Robbins points out that we could easily feed the whole world if everyone were to become vegetarian. This is an unlikely scenario in the affluent Western world. So, in order to try to feed the hungry, we are always looking for new sources of "good" protein. Much attention has been focused on the soy bean, a widely grown legume that fulfills both the requirement for a high protein food and a widely publicized health advantage: it is low in fat and devoid of cholesterol! This should make it an ideal food, but is it safe?

An extensive discussion on the subject written by Sally W. Fallon, M.A., and Mary G. Enig, Ph.D. appeared in the May 1966 edition of *Newlife* maga-

zine. Since we have often been asked by a number of our Gerson Healing Newsletter readers why Dr. Gerson prohibited soy products, we should like to report on this thoroughly researched material.

The authors trace the origin of the soy bean to the Orient, where it was apparently used during the Chou Dynasty (1134-246 BCE) as a crop rotation material, for its capacity of fixing nitrogen in the soil. Soy products did not serve as food until fermentation techniques were developed. When a method was developed to make soy into a curd by precipitating it with calcium sulfate or magnesium sulfate, the use of soy products started to spread. Fermented soy products, such as miso and tamari sauce, are apparently less harmful than the precipitated ones, such as tofu or bean curd. But tofu accounts for about 90% of the processed soybeans in Asia today, say the authors. It seems that bean curds as a source of protein did not come into use until about 700 A.D.

continued on page 2

- **Are Soy Products Dangerous?** page 1
- **Excerpt from Doctor Max** page 1
- **Editor's Corner** page 3
- **Corporate Matching Contributions Sought** page 3

- **From Charlotte's Clinical Notebook - Melanoma, Psoriasis, Testicular Cancer** page 5
- **Houston Support Group Thriving** page 5
- **First Practitioner's Training Draws International Group** page 7
- **More News on Melanoma** page 8

IN THIS ISSUE...

- **Coffee Corner: New Feature** page 8
- **Dispatches from the "War on Cancer"** page 9
- **A Physician's Prayer** page 10
- **1996/97 Gerson™ Therapy Lectures and Conventions** page 12

Soy Products ...

continued from page 1

Fallon and Enig state that the "Chinese did not eat the soybean as they did other legumes, such as lentils, because the soybean contains large quantities of a number of harmful substances." Did the Chinese know this? Perhaps they did, possibly they observed that disease symptoms appeared after eating tofu or other cooked soy products. Among the harmful substances, the authors name "potent enzyme inhibitors, which block the action of trypsin and other enzymes needed for protein digestion." Apparently, cooking does not deactivate these enzyme inhibitors, and they can produce serious digestive problems such as reduced protein digestion, chronic deficiencies in amino acid uptake, enlargement of the pancreas (in animals) and cancer. Soy products also contain another chemical, hemagglutinin which promotes clumping of red blood cells. These clumped red cells are unable to fully take up oxygen and carry it in the blood stream to all tissues. Hemagglutinin has also been observed to act as a growth depressant. Fermentation deactivates these enzyme inhibitors, or at least reduces the amounts present.

Soybeans are also high in phytic acids which is present in the bran of hulls of all seeds. This material blocks the uptake of essential minerals in the intestinal tract, including such important ones as calcium, magnesium, iron and especially zinc. Again, only the process of fermenta-

tion will significantly reduce the phytate content of soy products. Soybeans have a higher content of phytates than any other legumes, making them of questionable safety and nutritional value.

Bearing the above in mind, the authors feel that soy products consumed with meat have a reduced mineral blocking effect; however they warn particularly that vegetarians who eat tofu with the idea that it may act as a protein substitute, risk severe mineral deficiencies. They also feel that most people appreciate the problems of calcium, magnesium and iron deficiencies, but that zinc deficiency produces some especially serious problems: zinc is needed for optimal development and function of the brain and nervous system, aside from its role in the immune system.

The profit motive

The average American has not adopted soy products (tofu, tempeh, miso) as a principal food. Soy sauce may be the exception to this rule, even though soy oil is also quite widely used. About 140 billion pounds of soy beans per year are grown in the US since the end of WWII, and the industry is looking for new markets. At this time, the major use for the bean is animal feed, and soy oil is used for hydrogenated fats, margarine and shortening. New soy products are being marketed to the growing "health product" consumers: soy milk, soy baby formula, soy yogurt, soy ice cream, soy cheese, soy flour for baking, and soy protein as a meat substitute for the vegetarians.

During the production of soy milk, in order to remove as much of the trypsin inhibitor as possible, the puréed beans are soaked in an alkaline solution, then heated to about 115° C. in a pressure cooker. Unfortunately, even though most (but not all) of the antinutrients are destroyed, this processing also denatures the proteins, so the remaining soy protein is very difficult to digest. The phytate content remains in soy milk to block the uptake of essential minerals. Worse, the alkaline soaking solution produces a carcinogen, lysinealene, and reduces the cystine (an amino acid) content in the soybean. Without cystine, the protein complex is virtually useless unless the diet is fortified with meat, eggs or dairy products, an unlikely situation

for vegetarians. These problems arising from soy production are not mentioned on labels, and the public is not aware of them.

"Soy based infant formulas, along with trypsin inhibitors, contain a high phytate level. Use of soy formula has caused zinc deficiency in infants. Aluminum content of soy formula is ten times greater than milk-based formula and 100 times greater than unprocessed milk." While soy milk is tried on infants with milk allergies, allergy to soy products is almost as common. The lack of cholesterol in soy infant formula could inhibit brain development since cholesterol is essential for the brain and nervous system. Chemical additives to soy based foods further add to the problems.

Soy products are widely distributed in third world countries, presumably to overcome a protein deficiency in the diets of starving people. They are also used extensively in school lunch programs, commercial baked goods, diet beverages and fast food products. New publicity promotes soy products for their "cancer preventing properties". While traditionally fermented soy products may contain a cancer preventing chemical, these are contained in an altered state in non-fermented soy products and have no anti-carcinogenic effect. On the contrary, it has been suggested that the rapid increase of liver and pancreatic cancer in Africa is due to the increased use of soy products.

...to remove oil from the soy bean, particularly high pressures and temperatures are required, since this is an unusually difficult process. Furthermore, hexane or other solvents

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

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Editor's Corner

... Internet Revisited

by Howard Straus

Several issues ago, we wrote about the founding of the Gerson Therapy homepage on the Internet's Worldwide Web (WWW), and the opportunity that it afforded us to tell our story to a vast audience, uncensored by the print and broadcast media's addiction to advertising revenue. Since then, our page has grown, been linked to many other holistic healing pages, and referenced by newsgroups and other resources. Thousands of people from all over the world have found and viewed the data. Many have come to the Gerson Hospital in Mexico as a result of the information contained on the page. Many more have decided to do the home treatment or come to a seminar after seeing the page. It has proven to be a very valuable tool for getting our story to people who would not normally have had access to the information.

However, we expressed a concern about a year ago, when the "Communications Decency Act" was passed by a censorship-happy Congress, intent on suppression of the kind of freewheeling openness of expression inherent in the Internet. Using the indefensible bogeyman of child pornography, our elected representatives passed a repressive, broad and vague law that allowed anyone with a complaint to censor any site, be it political, sexual or medical. This terrible law was passed in record time by a bipartisan vote, in a year when Congress could not even pass a budget. We were apprehensive that, as soon as the law was confirmed in practice, our site, and many like it would be suppressed as well.

The concern was not ours alone. On the very day that President Clinton signed the CDA, the ACLU and other groups sued to keep it from being enforced. In the past few weeks, we are delighted to report, a three-member judicial panel in Philadelphia completely and thoroughly struck down the CDA as being so fundamentally opposed to our freedom of speech and expression that there was literally no redeeming value to it. The CDA was ruled utterly unconstitutional on the basis of being overbroad,

vague and open to the interpretation of any zealous prosecutor in the land. For the moment, at least, the Internet remains a bastion of free speech upon which we can present the Gerson Therapy in open competition with other therapies, as it should be.

We cannot rest easy, however. It is virtually certain that our government will attempt to regulate or suppress the flow of information that is often contradictory to its views. The Internet represents the largest and most unruly of the information flows available to the average citizen. It is, therefore, the one that government will take to be the greatest threat. Stay tuned.

Acknowledgement

We would like to make a long-overdue acknowledgement. Long before we thought of the Web as a tool for the dissemination of Gerson information, Mr. Stephen Zins, a long-time friend, Gerson supporter, brilliant computer scientist and physicist brought the possibilities of the Web to our attention. He demonstrated its capability to us on his home computer, and suggested that we put the Gerson Therapy information on it. At the time, the Web was a novelty, mostly in use by computer experts, and it was actually difficult to convince us to expend any resources on it.

Thankfully, we were convinced, and put the information on the Web for all to see. We thank Steve for his vision, persistence and support through the years. He has helped many, saved the lives of several, and will share credit for the spreading of the Gerson Therapy story worldwide to many who would otherwise never have had access to it.

More food-borne diseases

Those who pay attention will note that hardly a day goes by now without some news story about a problem with our food supply. The latest concerns the new strain of E. coli that can kill children and older people. It appears that there was recently a fairly massive outbreak of the illness in Japan that killed several and sickened over 9,000 people.

Meat-borne E. coli kills thousands in the U. S. annually. How many more children must die before the U. S. Department of Agriculture, and more importantly, the U. S. public "gets it"?

Soy Products ...

continued from page 2

are always used to extract oil from soy beans, and traces remain in the commercial product. But the high temperatures destroy some of the possible beneficial fatty acid fractions of the soy oil: the Omega-3's, which are especially susceptible to rancidity when subjected to high pressures and temperatures."

"Claims that the fermented soy products can be relied on as a source of B₁₂, have not been supported by scientific research." Nor do they supply the essential fat soluble vitamins D and A, needed for the absorption of all minerals. Unfortunately, soy products increase the requirements for vitamin B₁₂ and D.

The authors summarize all the above, and possible arguments that soy products have been used for many centuries in the Orient, as follows: "traditional fermented soy products have a long history of use that is generally beneficial when combined with other elements of the Oriental diet including rice, sea foods, fish broth and fermented vegetables. Precipitated (Western) soy products can cause serious problems, especially when they form the major source of protein in the diet."

Corporate Contributions

by Howard Straus

Many corporations in the United States and abroad maintain a policy of "matching" their employees' contributions to worthy charities. Companies do this because they recognize the dual benefits of being a good corporate citizen and being able to demonstrate to their communities and stockholders their commitment to charity and good work.

If you work for such a corporation, please let them know of your contribution to the Gerson Institute, so they can match it. Since your membership, or any gift is a tax-deductible contribution, it will be matched by your corporation. This doubles your contribution at no extra cost to you. We thank you for your support for the Gerson Institute. It helps us continue our important work.

Doctor Max ...

continued from page 1

station of the Third Reich at 02:24. It now approached the Czech border at 70 m.p.h.

The electric lights had just been switched off. In a second class compartment a distinguished-looking gentleman glanced up from a green notebook and gazed vacantly out at the passing countryside. In Berlin he had boarded the train after the whistle had blown, and so had been compelled to take the least desirable seat — the one on the passageway, by the door.

He didn't know it yet, but this was to be the greatest stroke of luck in his life.

Along the buttresses of the Erzgebirge the landscape was changing. There were fewer farmhouses and fruit orchards, which elsewhere in Saxony abounded in cherry, plum and apple trees; and an increasing number of flax fields. Pasture lands could be seen with herds of cattle, pigs, sheep and geese, staples in the local diet.

The stranger was taking notes. Perhaps on the landscape, now varied and extraordinary. Here deep gorges plunged, there rose fantastic lonely peaks carved by millennia of water and ice pounding their sandstone surfaces.

Soon the first tin mines came into view, and the smoke from the locomotive mingled with a landscape of blast furnaces whose red glow pulsed in the early morning light. Great slag heaps and cinder dumps loomed on each side, with the high shafts of the collieries towering above them.

Further ahead, a file of armored vehicles advanced slowly along a dusty track.

Rolling his eyes lazily, a fat youth peppered with acne turned to the nearest passenger in the compartment. From his uniform and badge the latter appeared to be a German customs guard.

"Scuse me, officer...Mind if I ask you a question?"

"Go ahead, lad!"

"What caliber is that gun of yours?"

"7.65."

"Can I have a look?"

"All right, but don't touch."

The guard extracted the gun from its

holster and held it up to the light.

"Walther, 1932, self-loading automatic, model PP," he said proudly.

The boy leaned forward. He studied the weapon and his body twitched. "Ever killed anyone?"

"Have to, sometimes, young man."

"Of course!" the boy modulated cheerfully. "Country's full of Jews, gypsies and queers."

This comment had a startling effect. The curiosity shared by fellow travelers on a long voyage suddenly dispersed, in much the same way that a stone dropped into a pond scatters the little fish, previously engaged in peaceful amusement.

The customs guard exploded into raucous laughter.

... those clear eyes,
which twinkled
inquiringly as he
looked around
through his specta-
cles, shone with the
light of an extraordi-
nary intelligence ...

Two young clerks who hadn't said a word for the duration of the journey smiled, nodding keenly.

An elderly lady, her face concealed by a dark veil, cast a terrified glance toward the door of the compartment, covered her eyes and seemed to wither in her corner seat.

As for the stranger, he drummed his note-book on his knee, turned to the pimply youth and said tersely, "You should be ashamed of yourself! Boys like you are unworthy of the gift of life."

2

A whistle at dawn

He was a man of tall stature, robust and heavy set. One could tell from the strong proportions of his shoulders, the outline of his body at rest. His oval, almost unlined face suggested about forty years of age, but the reflective expression of his blue eyes made one think he might be ten years older.

To the attentive observer, those clear eyes, which twinkled inquiringly as he looked around through his spectacles, shone with the light of an extraordinary intelligence. One had to admit that this was his most outstanding feature, along with his manner, which was humble but not contrite, candid yet in no sense ingenuous or fragile.

To look at him was perhaps to sense the presence of one of those rare benign creatures, as strong as bulls and as gentle as lambs, who have gained wisdom through disillusionment and dignity through experience.

His long, thinning hair revealed a lofty forehead and firmly-drawn features, mouth and chin. His nose was masculine, wide and almost perfectly straight. Dressed as he was in a dark suit and waistcoat, a white shirt with a long pointed collar and spotted tie, the overall impression was of old-fashioned bourgeois elegance, supervised by an old-fashioned, no-nonsense wife.

A calf-skin briefcase lay across the stranger's knees. On top of it rested the note-book, a sort of register in which he had been recording some thoughts throughout the journey.

At rare intervals he raised his eyes from the paper and, turning the pencil in his hand, seemed to be scanning the mountains.

What was he? An agronomist? A property owner?

His note-book filled with markings could have contained ideas for a lecture — or a trial. And the dark imprint of fatigue below his eyes, the slow movement of his hands, the gaze which suddenly went blank, almost dazed, suggested that he had spent the entire night at work.

More than once the conductor seated in a corner at the end of the passageway had seen him enter the lavatory to refresh his face. He always took his leather case with him and some crucial thought must have worried him, because each time he failed to close the door.

Now he turned to the old lady sobbing beneath her veil and touched her elbow. "When we are blameless, madam, we had best..."

He was startled out of his seat as the train brakes shrieked, long and hideously.

"What the hell's going on?" The cus-

continued on page 10

From Charlotte's Clinical Notebook

...Melanoma, Psoriasis, Testicular Cancer

by Charlotte Gerson

Julie H., Melanoma

We are always delighted to discover a recovered patient who was not in our files. We also know that our readers enjoy the stories of these people and, perhaps, learn from them.

This report concerns Julie H., who has just turned 30. Her childhood and adolescence were rather uneventful from a health standpoint: she had never even been in a hospital until her first problem with melanoma. But there was cancer in her family: a little

cousin, aged 5, had died of leukemia. His mother died years later of breast cancer. Julie's father had cancer, but died of a heart attack before his cancer became life-threatening. Julie's sister was diagnosed with cervical cancer during a pregnancy. Her physician suggested that nothing be done, since sometimes such cervical cancers disappear spontaneously during or immediately after the pregnancy. In fact, that is what happened. Julie's sister recovered, and had no further problems with cancer.

When she was growing up, Julie spent a good deal of time at the beach and had several severe sunburns. She attributes her later melanoma, in part, to this sun exposure. In 1988, at age 22, Julie discovered a black mole on her right shoulder. Her sister urged her to have it examined immediately. It was surgically removed and biopsied: it was melanoma. The surgeon thought that he "had got it all," and no further treatments were suggested. In June 1990, a lump appeared on her neck. Just two months earlier, Julie's dentist had performed a root canal

procedure. Her doctor assumed that lump was caused by an infection that had traveled to a lymph node on the side of her neck. He treated Julie with antibiotics. After two weeks of treatment, the lump did not disappear, so a needle biopsy was done which showed 'negative'. (It is easy for a needle biopsy to miss malignant tissue; therefore needle biopsies, when they show 'negative', are not reliable.) When the lump was surgically removed, it proved to be a recurrence of melanoma. The surgeon now suggested a radical neck dissection. This procedure is very disfiguring, and at age 24, Julie did not agree to it. A second surgeon felt that it was not needed, it would be enough to have the tumor removed. After this surgery, an MRI (Magnetic Resonance Imaging) showed another tumor in the brain. So, just two weeks after the neck surgery, in June 1990, Julie had brain surgery. Again, the surgeon felt that he had "got it all". Julie

made a rapid recovery, but at this point started on an alternative treatment. After one month of this Greek treatment, a new tumor at the base of her brain was no longer noticeable. The surgeon claimed that it had been a "mistake" and that there had been no tumor. Julie, very angry, demanded, "Then why did you want to do a total resection and open my brain?" One year later, in September of 1991, Julie had severe pain in her ovary and was told it was a cyst. It was removed, and again it proved to be melanoma. On December 31, 1991, she noticed a blob of flesh on her ton-



Julie H., recovered melanoma patient

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Houston Support Group Thriving

by Charlotte Gerson

We are very pleased to report that there is an active and successful Gerson support group in Houston, Texas. Jim Forhans, a recovered patient, and his wife, Sally, are doing a great job of keeping it alive. They have monthly meetings at the home of one or another participant – and judging from Jim's regular reports, they are having a fine time meeting, talking, exchanging recipes, enjoying potluck dinners – and sometimes trying to "convert" prospective patients to the Gerson way of doing things.

At the end of July, Jim reported on their most recent meeting. New members were there to meet some people "working the [Gerson] program." "They couldn't have picked a better night to come. Lawrence K. gave a report on the results of a CAT scan he had just had. The bottom line is that the tumor mass on his pancreas has disappeared and his lymph nodes (which had been swollen recently) were back to normal. This is 20 months after being diagnosed with pancreatic cancer! Lawrence tells a wonderful story of the reactions of the MDs and nurses when they realized this. They never see anyone who lives for more than six months with this cancer. Both Lawrence and Ruth chuckled about the second looks and questioning stares they got while in the CAT scan facility.

"Ginger also gave an amazing report. After her latest medical check-up, much of her cancer was found to have healed up, and the mass on her liver had not gotten any larger. Her skin has become much smoother, and looks really healthy again. It may be just a matter of time before the mass on her liver goes away."

Jim talked about the recipes exchanged at one of their meetings. I asked him if he would be willing to share some of those ideas with our readers. He graciously consented, and we reproduce them below.

Acorn Squash Pico

First prepare the stuffing (all organic, of course)

continued on page 6

continued on page 6

Clinical Notebook ...

continued from page 5

sil. It was removed: melanoma again. In February of 1992, she had severe pains in her abdomen and was vomiting all her food. It was a total blockage and, again, she had surgery. About 1½ feet of her colon were removed, this blockage, too, proved to be melanoma. In all, Julie had a total of seven surgeries. Right after the colon surgery, she started the Gerson Therapy. Her mother quit her job to help prepare the food and juices. A new tumor started to shrink and became softer. For help with the Therapy and ongoing guidance, Julie consulted a Gerson doctor several times on an out-patient basis.

Then the family moved. There was new carpeting and fresh paint in their new home, and the tumor grew again and pressed on her thyroid. This tumor was also removed in August of 1993. Julie stayed on the strict Gerson Therapy, and still remains on a less intensive Therapy. She says that she feels "great" now, has good energy and no more recurrences. She still takes some six glasses of carrot juice daily, and eats all organic food.

This story illustrates several points we have discussed in previous Gerson Healing Newsletters:

1. If absolutely necessary, patients can do the Gerson Therapy at home. If at all possible, such patients should have consultations with a Gerson doctor.
2. Root canals can produce recurrence of cancer.
3. New carpeting and fresh paint can cause serious new problems.

Psoriasis

We saw an unusual case at the Hospital recently. Clifford suffered from psoriasis that started in 1970 with dry skin and itching. He did not go to a doctor until 1978 or 1979. The doctor gave him prescriptions for pain killers. He didn't really have pain, mostly itching on the upper leg and swelling. Other doctors didn't really help either. Eventually, he saw a dietician, who suggested vegetarian, salt-free foods. On this diet the itching and swelling went away for over ten years. Clifford remained on the vegetarian diet (not organic) but problems returned when, in 1990, he retired and moved to Alabama.

Clifford did not change anything and can't think of a reason why his problem should have worsened at that time. The only possibility, he thinks, was electromagnetic radiation from electric wiring only about 20 feet from his window. After his move, the swelling and itching would disappear during the fall and winter months, and then return. In November of '92, the problem recurred, then disappeared. In early '96, it became severe, so Clifford went to see a doctor, who said "Whatever it is, it is caused by your nerves," clearly showing that he was unable to diagnose the problem.

When Clifford came to the Gerson Hospital, he had many large, open sores on his hands and feet. His ankles and feet were badly swollen, and he said "it was never that bad before." There were loose pieces of skin hanging from his hands. A biopsy was done: his disease proved to be psoriasis.

On the Gerson Therapy, 98% of his open sores were closed in less than ten days, and new skin covered his hands and the soles of his feet. His ankles were normal, all swelling was gone. Of the pain, swelling, lesions and itching, Clifford says, "Now there is nothing left."

Testicular Cancer

Though our readers have seen many reports of patients healed of breast cancer, colon cancer, melanoma and lymphoma, patients with some of the less common forms of cancer, too, recover. We would like to remind our members that the Gerson Therapy is not specific for any particular type of cancer, nor for cancer alone. The medical profession as well as the public is accustomed to diagnose and treat each disease individually, not, as the Gerson Therapy does, the underlying cause. Below is a story about a recovery from testicular cancer. We don't see many of these cases for two reasons: first, they are relatively rare; second, orthodox medical treatments are supposedly very effective in overcoming this problem with a combination of radiation and chemotherapy.

When Jeff was diagnosed with testicular cancer in 1984, he said, "I didn't want the cut, burn and poison methods of treating it". For the same reason, he did not have a biopsy for positive proof of his disease. However, he had extremely high levels of HCG, a glandular cancer indicator (over

30,000, when it should be near zero for males; Human Chorionic Gonadotropin should only be present in pregnant females), and he had a tumor on his testicle that was larger than the testicle itself. He did Dr. Burzinsky's treatment for a very short time, but almost immediately turned to the Gerson Therapy, which he did on his own. His HCG levels dropped sharply in just one month on the Gerson Therapy, and continued dropping during the next five to six months. By about eight months on the Therapy, his HCG level was close to normal.

Jeff also drank a lot of Aloe Vera from Barbados, which, together with the Gerson Therapy, caused him extreme healing reactions after about two months.

A sonogram done in 1994 was negative.

Support Group ...

continued from page 5

- 1 medium tomato
- 1 cup diced onions
- 1 teaspoon cumin
- ½ cup diced cilantro

Mix thoroughly or purée in blender.

Cut one medium acorn squash in half and prepare the insides for the stuffing.

Place face up in a casserole dish with a heavy lid. Stuff generously, place the lid on the casserole and bake at 150°-200° for about 1½ hours, cool and enjoy.

A Gerson BLT (Bread, Lettuce, and Tomato) Sandwich

Take two slices of Gerson-approved bread and warm it in the oven or in the toaster. Cover one side of one slice with a Gerson salad dressing. (Suggestion: Puréed yogurt and celery) Cover the dressing with thick slices of tomato and either lay some strips of green peppers or thinly sliced red onions on the tomatoes. Place several leaves of lettuce on the pile (red leaf lettuce does well since it is rather tender), place the second slice of bread on top - and open wide!

We will be delighted to print your favorite recipes. They are popular with our readers, and new ideas for Gerson meals are always welcome.

First Gerson Physician Training Draws International Group

by Chip White, VP, Client Services

The Gerson Institute's first formal training program for health care practitioners took place July 8-13th, and included practitioners from the U.S., England, Australia and Sweden. The twenty participants received schooling in the clinical application and biological basis of the Gerson Therapy, appropriate follow-up protocols, modifications to the therapy based on specific conditions and pre-treatments, psychological considerations, and numerous other topics.

Alicia Melendez, M.D. and Luz María Bravo, M.D., the two senior Gerson physicians at Meridien Hospital, presented the clinical portion of the program. Dr. Melendez has worked with the Gerson Institute using Gerson Therapy treatment longer than any other practitioner (except Dr. Gerson himself). In her 20 years of affiliation with the Gerson Institute, she has treated more than three thousand Gerson patients. Dr. Bravo has been a primary care Gerson physician and medical director of two of our associated hospitals in her ten years of affiliation with us. She has treated over fifteen hundred Gerson patients.

Many of you know of Beata Bishop from her book *A Time To Heal*, about her recovery from metastasized melanoma on the Gerson therapy. Beata is an accomplished psychotherapist who has taught workshops for therapists and patients worldwide. Beata gave a wonderful presentation on the psychological needs and considerations of Gerson Therapy patients.

Alexandra Lennox, recovered Gerson patient and author of the forthcoming book *Living Free of Breast Cancer*, gave a powerful presentation on her story and that of her son, R. J., who recovered from a nearly fatal addiction to street drugs on the Gerson Therapy.

Clinical histories, scientific background, strategies for prevention, and many other topics to round out the five-and-a-half day program were presented by Charlotte Gram, Howard Straus and Chip White.

Attendees enjoyed delicious, fully organic Gerson therapy meals and fresh, organic juice with each meal. Buckets were supplied to each attendee, and coffee flowed freely. On Thursday, attendees received the full 13 juice regimen. Almost all of the practitioners had firsthand experience with Gerson healing reactions, as they felt their own bodies respond to the healing foods of the Gerson Therapy.

Almost all of the practitioners had firsthand experience with Gerson healing reactions, as they felt their own bodies respond to the healing foods of the Gerson Therapy.

Several round table discussion groups, both formal and informal, resulted in many new ideas and suggestions regarding areas of research and possible improvements in the Gerson protocol. An ongoing dialog has been established in which practitioners and the Gerson Institute will continue to exchange ideas, discuss clinical treatment situations, and help everyone learn to better to use the Therapy.

All attendees rated the training program highly, and most expressed strong interest in continuing with the process to become certified Gerson practitioners.

The process of developing the training materials for this seminar resulted in the formalizing of statements and policies regarding the use of conventional treatments, patient followup,

appropriate administration of the therapy in pretreated cases, and many other important topics that were not previously documented. This information will be incorporated into our new books, videos and publications.

We have already received many calls for referrals to physicians trained in our program. At present, we are unable to provide referrals, as the attending practitioners are still learning how to administer and monitor the Therapy. Physicians participating in our practitioner certification program will be working closely with us to develop their ability to use and understand the Gerson treatment. In this way, when we do make a referral, we can be sure that the referred physician will meet the high standards of care we require.

Many have also asked if the seminar workbook and recordings will be available. We anticipate that they will eventually be made available, but there is no release date or price at this time.

Tremendous work and Gerson Institute staff resources went into the planning and development of this program. We wish to thank all of our staff for their tireless work, (some for many extra hours), but we particularly want to thank Blanca Ayala, our lead client services representative, for skillfully managing the numerous registrations, hotel reservations, tuition records, and all the other "little" details that made things run so smoothly.

We are tentatively planning our next practitioner training for the first week of February, 1997. The date should be set within the next month; watch our Internet Web site (www.gerson.org) or seminar schedule (available toll-free 24 hours a day at 1-888-4-GERSON) for further information.

More News on Melanoma

... one of the most rapidly increasing cancers

by Charlotte Gerson

In the *Gerson Healing Newsletter* holiday issue (Vol. 10 #6, Nov./Dec. 1995), our lead article summarized the contents of the Melanoma Outcomes Study for patients with various stages of melanoma, treated by the Gerson Therapy that appeared in the peer-reviewed journal *Alternative Therapies in Health and Medicine*, Vol. 1, No. 1, September, 1995. The article was written by an accredited medical statistician. The results of Gerson Therapy-treated patients in all stages of melanoma were dramatically better than any results orthodox medicine has ever shown.

The reaction from scientific quarters to date has been a resounding silence.

In view of this, the below article, published in the *Journal of the American Medical Association (JAMA)*, May 22-29, 1996, Vol. 275, No. 20 is particularly distressing.

"The American Academy of Dermatology has designated May as National Melanoma/Skin Cancer Detection and Prevention Month. In 1996, an estimated one million cases of skin cancer will be diagnosed, of which approximately 95% will be squamous cell and basal cell (relatively mild cases of cancer) carcinomas. Although the incidence of melanoma is lower than those [sic] of squamous cell and basal cell carcinomas, the case-fatality rate is highest for persons with melanoma. During 1973-1992, mortality from melanoma increased 34% — the third highest increase of all cancers.

"In 1996, an estimated 38,300 cases of melanoma will be diagnosed, and approximately 7,300 melanoma-associated deaths will occur."

Dermatologists appeared on the news lamenting the fact that most people did not even know what melanoma looked like, or what it was.

We should like to recap (for the information of our new readers) the

content of the melanoma outcomes study we mentioned. First of all, since the Gerson Therapy has proved to be effective in overcoming Stage I and II melanoma cases with 100% long term survival statistics, it is logical to assume that a modified, less intensive Gerson Therapy could easily prevent this deadly cancer. Since the Stage I and II long-term survival was 100%, it can also be inferred that recurrence and progression of the disease can be prevented by the Gerson Therapy.

The melanoma retrospective further showed a 71% long term survival of Stage III patients treated with the Gerson Therapy vs. reports by other treatment centers ranging between 28% and 42% five-year survival. Stage IV patients with spread of melanoma to skin and lymph node involvement showed a five-year survival on the Gerson Therapy of 39% of treated patients vs. 6% by the next best group, the Eastern Cooperative Oncology Group. In view of results from 150% to 550% better than any other treatment was able to demonstrate, we marvel at the ability of the conventional cancer establishment to shut its eyes so tightly to any method not emerging from the pharmaceutical or radiological research laboratories that have labored so long, expensively and fruitlessly on this fast-growing and deadly problem. This refusal literally condemns over 7000 people a year to a hideous and avoidable death.

Reprints of the original article from Alternative Therapies are available from the Gerson Institute for \$2.50, plus \$0.50 postage, a total of \$3.00 each.

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

Coffee Corner

... A New Feature

by Howard Straus

One of the most controversial and interesting parts of the Gerson Therapy, and one of the most powerful is the coffee enema. It has been praised, vilified, and included (until 1977) in the Merck Manual of standard medical procedures. Those who have not experienced the gentle relief of this simple, safe procedure wrinkle their noses and snicker. Those who have experienced regular "coffee breaks" for extended periods of time wouldn't travel anywhere without a bag or bucket.

We have responded to many questions over the years, regarding the procedure, mostly in an attempt to put people's minds at ease. In response to requests from many people, including Gerson Institute staff and my own wife, Sally, we are going to have a regular column devoted to the methods, reasons, background, chemistry, history and little-known facts about the coffee enema.

Each column will have one or more basic facts about coffee enemas. If you are a regular reader, you will eventually know more than you dreamed possible about your coffee break.

Preparing coffee for enemas

Dr. Gerson describes the preparation of a coffee enema as containing three rounded tablespoonsful of drip grind coffee to a quart of water. (See *A Cancer Therapy*, p. 247.)

The coffee should boil for about three minutes, then simmer for an additional 15-20 minutes. The resulting solution is then strained through a coarse cloth or fine strainer, and cooled to body temperature. During the boiling and straining processes, some water is lost and should be restored so that there is a full quart of the resulting solution.

Unfortunately, the process is not as simple today as it was during Dr. Gerson's time. Pesticides and fungicides are used in normal coffee production, and the residue remains on the roasted bean. This residual chemical pollution is readily absorbed by

continued on page 9

Dispatches from the "War on Cancer"

... U. S. is losing it badly

by Charlotte Gerson

In his State of the Union address on January 22, 1971, over 25 years ago, then-President Richard Nixon declared a "War on Cancer". He was certain that with enough money and brain power, the problem could be solved, just as the United States had, with enough money and brain power, been able to send men to the moon. Fifteen years later, Dr. Bailer of Harvard University called the "War on Cancer" a failure.

In a Special Report in the Feb. 5, 1995 issue of US News and World Reports the article states: "Imagine declaring war when you know little about your enemy's firepower, strategies or tactics". Even as late as 1984, the National Cancer Institute's director predicted that cancer deaths in America could be cut in half by the year 2000.

Instead, the statistics show a massive and tragic failure: since Nixon's "War on Cancer" was declared in January of 1971, the NCI (National Cancer Institute) has invested \$29 billion in this war. The number of Americans who died of cancer in 1971 was 215,000; in 1996, the number of Americans expected to die will amount to 555,000, an increase of more than two and a half times the

number of cancer deaths in 1971.

US News and World Report tabulated the increase in the top five types of cancer deaths, as shown in the tables below.

Our readers know how strongly we feel that chronic diseases, including cancer, are virtually all preventable. In view of the tabulated results, it would be unwise to count on a cancer cure from the governmental and medical establishments in the near future — as long as nutrition and detoxification are not part of the research programs. Instead, most of the research billions go into looking for more chemotherapy drugs, though the chemotherapeutic drugs already available have proven to be a limited failure (see Ulrich Abel,). Several years ago, Professor Karol Sikora, Chief Oncologist of the Royal Postgraduate Medical School in London, England, told the annual conference of the Royal Pharmaceutical Society that "we are losing the battle against cancer. One in two of the population will succumb by 2010, and anti-cancer drugs have reached a plateau with only five percent of patients responding well to chemotherapy."

Increase in cancer deaths in the 25 years since the "War on Cancer" was declared, five most common cancer types - from US News and World Report

	Men (deaths)		Women (deaths)		
	1971	1996	1971	1996	
Lung	54,931	94,400	Lung	13,686	64,300
Prostate	17,772	41,400	Breast	29,686	44,300
Colorectal	22,410	27,400	Colorectal	23,924	27,500
Pancreas	9,967	13,600	Ovary	9,978	14,800
Lymphoma	7,577	13,250	Pancreas	7,945	14,800

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Coffee Corner...

Continued from page 8

the intestines, and can be a highly negative influence: after all, the coffee enema is intended to detoxify. Therefore, the coffee used should be organically grown, free of pesticides and fungicides.

In all too many communities, mostly in the United States, the water is chlorinated, fluoridated, and contains both chemical and biological contamination. Fluoride is highly toxic, chlorine only marginally less so. Other pollutants, such as hydrocarbons and other solvents, are also readily absorbed into the intestines. Enema water *must* be clear of fluoride. The colon is a highly absorptive organ, and any toxic chemicals contained in the solution are quickly absorbed into the body. If your household water is fluoridated, distilling is the only way to completely eliminate this highly toxic material. Many filter companies insist that their filters remove fluoride, but that is only partly true. When pressed, most salesmen will admit that "over 90% of the fluoride is removed, but not all of it." That is not acceptable, since fluorides are extremely toxic and actively block enzymes. Most tap water is chlorinated, but a chlorine filter or reverse osmosis purifier is sufficient to clear most of the chlorine and excess minerals from the water. The remaining chlorine will boil away. Fluorides, however, do not boil away, as they are added to the water in the form of solids. Boiling only concentrates the fluoride. Water from water softeners may also *not* be used. Most water softeners are based on the fact that sodium displaces the calcium that causes the water to be "hard." Sodium, of course, is totally contraindicated for a Gerson patient, as it can stimulate tumor growth.

Concentrate, or "instant" enema

It is somewhat impractical to prepare a quart of coffee for each enema. Dr. Gerson wrote that the entire day's need can be prepared at one time. It is also impractical to boil five quarts of coffee for use during the day. A shortcut may be used to make it slightly more convenient. A coffee concentrate, or a kind of "instant" enema, can be prepared as follows. Bring two quarts of water to a boil,

continued on page 10

Coffee Corner...

continued from page 9

add three cups of organic drip grind coffee, let boil three minutes and simmer 12-15 minutes more. Strain through a fine strainer, or one lined with several layers of cheese-cloth. Add enough distilled or purified water to bring the amount obtained back to two quarts. Then use 4 ounces of this concentrate to 3½ cups of water for each enema. Two quarts of concentrate will last more than two days, so be sure to refrigerate this solution.

Do not prepare the enema coffee as though you were brewing coffee. The coffee bean is very high in potassium, which is absorbed into the colon. Since potassium is an "anti-cramping" agent, it helps to avoid cramping of the intestine, and makes retention of the enema easier. Normal brewing for drinking coffee does not release the potassium, so the resulting coffee is deficient in this all-important mineral.

Doctor Max ...

continued from page 4

toms guard raised his hand to his holster. "Never stopped here before!"

As the train was brought to a halt in open countryside, the passengers became aware that something was dreadfully amiss. Amidst shouted commands, they could hear the sound of skidding rubber tires, angry brakes.

Motorcycles were racing everywhere, truck transports were being hastily assembled.

Passengers who had been dozing had a rough awakening. "What is it? What's happening? Where are we?"

The veiled lady sprang to her feet. "Mein Gott! Mein Gott!"

"Keep calm, madam. A routine check, perhaps." The stranger spoke calmly, but felt as if the mild morning sun were scorching his skin.

Then the door of the compartment was thrust violently open.

The "man with the green notebook" was, of course, neither "an agronomist" nor "a property owner", but Dr. Max in person, and the above chapters and those that follow them tell the dramatic story of his voluntary exile from Nazi Germany. In the next issue of Healing, you will become acquainted with more of his story.

Lecture Schedule ...

continued from page 11

Toronto, Ontario, Canada

Thursday and Friday, November 14th and 15th, 1996

Gerson Therapy Seminar, sponsored by the Canadian Natural Health Association Lecture and Workshop by Charlotte Gerson

Thursday evening lecture: Healing "Incurables": The Gerson Therapy. Time and location not available at press time. admission \$15

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 Helène 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

Pasadena (Los Angeles), CA

Friday, January 10th through

Sunday, January 12th, 1997

Gerson Therapy Lectures, Workshop and Information Booth

Part of the National Health Federation show (Expo admission pass required)

Location and lecture schedule to be announced. For latest information, please call the NHF ☎ (818) 357 2181, or the Gerson Institute, ☎ (619) 585 7600.

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

San Marcos (San Diego), CA

Sunday, February 2nd through

Saturday, February 8th, 1997

Gerson Therapy Health Care Practitioner Training, Phase I

A six-day intensive training program for health care practitioners seeking certification in Gerson Therapy treatment protocols. Registration is limited to licensed health care practitioners. Limited capacity, advance registration discounts available. Contact the Gerson Institute, ☎ (619) 585 7600 for a registration packet.

Seattle, WA

Saturday, February 22, 1997

Gerson Therapy Seminar
Lecture and Workshop by Chip White, VP Client Services

Location: To be announced. For more information, please call the Gerson Institute ☎ (619) 585 7600.

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

Prayer

*From the inability to leave well alone,
from too much zeal for what is new
and contempt for what is old,
from putting knowledge before wisdom,
science before art,
cleverness before common sense;
from treating patients as cases and
from making the cure of disease more grievous
than its endurance,
Good Lord, deliver us!*

— Sir Robert Hutchinson, 1871-1960
(Past President, the Royal Society of Physicians)

"Prayer" contributed by Beata Bishop, author of *A Time to Heal*