



HEALING

NEWSLETTER

VOLUME 13, NUMBER 4

JULY - AUGUST, 1998

Doctor-Prescribed Drugs Kill Over 100,000 Each Year in the U.S.:

By Charlotte Gerson

If and when the average citizen becomes aware of a health problem, such as headache, stomach problems, muscle pains or cramps, intestinal upsets, arthritis, chest pain - he/she will usually visit the doctor, assuming that their doctor, being licensed and all-knowing, will properly diagnose the problem and issue them a prescription medicine to quickly cure the ailment.

Generally, that is where the real problem starts. There are no drugs, doctor prescribed or over-the-counter, that are not

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Newly Proposed USDA "Organic" Standard Gives in to Public Pressure

By Charlotte Gerson

In the March/April, 1998 issue of our *Healing Newsletter* (Vol. 13, No. 2), we published an article on the USDA's (United States Department of Agriculture) proposed new definition of 'organic' which included irradiated food, genetically altered food, and foods grown on fields fertilized with toxic sludge. In addition, it was to be forbidden to claim that these foods were not nutritionally acceptable under the 'organic' description. We, along with many other groups working for the public health, concerned with maintaining current standards set for 'organic' produce, asked people to call, write, or fax the FDA, USDA, and EPA, making their opinions known and objecting to the

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A Cancer Cure ?

Concerns you should have about new "Wonder Drugs".

By Charlotte Gerson

Sunday, May 3, 1998, the *New York Times* carried an article about a 'new' cancer cure that elicited a great deal of excitement. Dr. James D. Watson, a Nobel laureate, who subsequently denied making the statement, was quoted as saying two new drugs would "cure cancer in two

years." The drugs (angiostatin and endostatin) have so far only been tested on mice, where they have produced some excellent tumor reduction. Human trials were promised only in a year or so.

EntreMed, a small Maryland biotech

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GERSON
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NEWSLETTER

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The Gerson Healing Newsletter is published on a bi-monthly schedule by the Gerson Institute. It is our membership lifeline, and is intended to keep our members informed of various health issues about, and relating to the Gerson Therapy.

Members receive the Gerson Healing newsletter six times a year. Becoming a member of the Gerson Institute is simple, and your support will help us further public awareness of Doctor Max Gerson's life saving therapy, and the benefits of living a vegetarian, holistic lifestyle.

Please see our "Membership Registration" form on page II for more information on becoming a member.

A Cancer Cure ?...

(Continued from front cover)

company is working on two drugs which so far have shown effectiveness in 'inhibiting angiogenesis.' Angiogenesis is the ability of a tumor to produce its own blood vessels in order to nourish itself - thus enabling it to grow. The media carried excited reports, claiming among other things, that this was an entirely new approach toward controlling or curing cancer. That statement is untrue. Bovine cartilage, and more recently, shark cartilage have been around for a number of years. Claims for the actions of these materials are very similar, namely that they inhibit angiogenesis. *Sharks Don't Get Cancer*, a widely distributed book by Dr. William Lane, describes the purported effects of shark cartilage.

A number of cancer recoveries have been described using both types of cartilage. We must admit that we have tried both bovine and shark cartilage at the Gerson Therapy hospital without being able to report clear-cut advantages over the regular Gerson Therapy.

After the enormous hype about the new "cancer cure," another firm, Agouron Pharmaceuticals, a San Diego based company, reported they are also working on a similar product and have advanced further than EntreMed in their trials. Their preliminary trials in humans were promising, too. Agouron states that they will now begin trials of at least 500 patients, each in lung cancer and prostate cancer. Apparently, angiogenesis is produced by certain enzymes designated "matrix metalloproteases" that are thought to contribute to angiogenesis as

well as to the formation of metastases (new tumors spreading in the body). The point of the 'new' drugs is to stop or inhibit those enzymes.

Since human trials have not yet started on the drugs from EntreMed and the drugs are not yet distributed, the premature announcement of a 'cure' is actually a cruel disappointment to many cancer sufferers and their families. When patients are seriously ill with tumors spreading in their bodies, having only months to live, these people unfortunately cannot wait a year for the human trials to begin and longer still for the results to be evaluated. It is understandable that, as a result, the FDA as well as doctors and hospitals have been overwhelmed with thousands of phone calls begging for the new miracle drugs. (Stocks of pharmaceutical companies, most notably those with research programs in the area of angiogenesis, soared on the early hype, then settled back to a more reasonable

level when reality began to sink in.)

The news brought several thoughts to mind. First of all, we are delighted that a new, *non-toxic* family of drugs is being investigated. If the drugs are also just partly effective, so much the better. However, there are several serious shortcomings to this approach. Certainly the starvation and reduction of tumors is a very welcome effect - but it is not a cure! The basic underlying problems are not overcome. The patient's body is still not able to maintain health and well-being; the immune system has not been restored, nor have the other normal body defenses. Does that mean that the drugs have to be continued indefinitely in order to keep the body from growing new tumors? And will they remain effective indefinitely?

The second concern is that there are several types of cancers that do not produce tumors. What about leukemias and myelomas? And there are also cancers (basal cell carcinoma, and squamous cell) that eat lesions (non-healing wounds) into the skin - What will happen to those? There is no angiogenesis involved. Admittedly, by far the largest number of cancers are those that produce tumors - but I object to calling a drug a 'cure' if its effect is limited. At the present time, most malignant tumors become resistant to even the highly toxic chemotherapy drugs, so those drugs lose their effectiveness after one or more applications. Will tumors also become resistant to the angiogenesis inhibitors?

Until all the results are in, even after tumor reduction, we still suggest the Gerson Therapy in order to truly restore the body, its immune system and all its defenses for good and permanent health. ■



**IS YOUR DOG
A VEGETARIAN?**

We recommend talking with your dog's veterinarian before making a change in your dog's regular diet.

Did you know that there are dogs who are allergic to meat?

One owner found that his dog could not handle meat foods and with the help of his veterinarian, developed a vegetarian dog food. It is made from grains and vegetables, and his dog is thriving on it. The dog food gives the pet "complete and balanced natural nutrition" says the ad, "free of artificial preservatives, colors, flavors and dairy products."

The product is called "Original Nature's Recipe." If you can't find it at your local pet supply store, you can call 1-800-843-4008.

Long Road to Recovery:

"There is a feeling of contentment and freedom, especially from the medical and pharmaceutical establishment." — Zavaría's Story.

By Charlotte Gerson



Zavaría's father died of Bronchiogenic Carcinoma (a type of lung cancer) in 1970. Late in 1970, she received a gift ticket to a National Health Federation Convention and heard me speak about the Gerson Therapy. She felt this might have saved her father. After a messy divorce, in September 1979, Zavaría collapsed on a singing engagement and was rushed to St. Mary's Hospital in Chicago where she was diagnosed with breast cancer and lymph node involvement. The lumps and bumps disappeared but as she states "I failed to realize how systemic cancer is." In 1981, she remarried and together with her new husband, built a new house in Florida "complete with new carpet, an exterminator to kill the bugs every month, a pool and spa loaded with chemicals and the lawn and lake behind the house also heavily treated."

In February 1988, Zavaría was admitted to Sarasota Doctors Hospital with congestive heart failure and opted for chelation. In September of the same year, her mitral valve was replaced with a pig valve. Her surgeon was delighted to tell her that "Your arteries are so clean, clear and pliable...for a woman your age, you are very lucky." She said that luck had nothing to do with it, but didn't tell him about her

diet.

After another painful divorce, Zavaría was rushed to the emergency room at the Manatee Hospital in Tampa due to severe abdominal swelling and difficulties breathing in April of 1992. Lung and abdominal fluid showed cancer cells, so she went home and did the Gerson Therapy after one week at the Gerson hospital. Aside from a huge (grapefruit sized) ovarian tumor attached to her abdominal wall, she was also suffering from severe pesticide poisoning which recurred on and off until recently.

Trying to check on her implanted heart valve, she went to a cardiologist who ordered an EKG. He did only a cursory examination, he "looked me straight in the eye and said, I realize that you believe in what you are doing, and that's very important, but you are going to have to face reality: you are dying of ovarian cancer."

Due to financial pressures, she had to move and the stress and disruption caused a new tumor to appear in her side. At that time, her helper, thinking that Zavaría was surely dying, left her.

In an update (1998), Zavaría reports having occasional problems with pesticide poisonings, severe swellings and nobody wanting to believe that she could survive. But, with the long term support of the Gerson Therapy, she amazes everybody - and comes through. She has also attended various spiritual, emotional and mental healing groups. She finishes her seven page report with the following: "There is a feeling of contentment and freedom, especially from the Medical and Pharmaceutical establishment." *

When you make a donation to the Gerson Institute, you not only help us continue our life saving work — You may also be giving someone back the gift of life.

Your support makes a difference.

Prescribed Drugs...

(Continued from front cover)

eventually liver toxic. All drugs have side-effects. It may be asking too much to urge the public to check their prescription in the *Physician's Desk Reference* book, a huge volume containing over 3,000 pages. In the index area, there are some 30 pink colored pages, in which all drugs are listed. Opening the book to the pink section, one can find the name of the doctor prescribed drug. Then at the second page number given, the reader will find the prescribed drug, its presumed effect (taking up perhaps 1/3 of a column), with its side-effects and appropriate warnings (taking up three or four columns). All drugs have side-effects!

Doctors are trained to tell patients that one must balance the beneficial effect of the drug against the possible danger of its side-effects. Unfortunately, people are far more anxious to rid themselves of the pain/discomfort quickly, than they are to change the lifestyle that most likely caused the ailment. They would rather not worry about the possible future side-effects. Most people prefer to "get on with their lives," returning to the fast foods and 'junk' foods while getting rid of the ensuing health problem with pills. That is sad, indeed.

What we often see at the Gerson Therapy hospital is the result of this "quick-fix" attitude. In a number of patients, one problem sends them to the doctor and they start with one medication. After some time, side-effects require another trip to the doctor and an additional drug is prescribed to overcome the new symptom. This can continue for a time so that, occasionally, patients come to the hospital with a list of some 10 or more different drugs! With the understanding that each one has one or another side-effect, we are now faced with a whole set of problems.

But that is not the whole story. In the middle of April, 1998, various newspapers reported that more than "100,000 hospital patients die each year from bad reactions to properly prescribed, properly administered drugs." The Internet also carried the story, quoting neuroscientist Bruce Pomerans, MD, Ph.D. A team of Canadian researchers found that "adverse drug reactions may rank as high as the fourth leading cause of death in the United States."

(Continued on next page "Prescribed Drugs")

Prescribed Drugs...

(Continued from previous page)

(See "Table of Top 10 Leading Killers in the United States (1994)" to the right.) Bruce Pomerans continues, "On top of that, there are 2.2 million severe injuries a year." "In a study published in the *Journal of the American Medical Association* (15th April, 1998) Pomerans and a research team from the University of Toronto pooled data from 39 studies on dangerous drug reactions published between 1966 and 1996."

Newsweek addressed the subject (April 27, 1998) in an article titled "When Drugs Do Harm" by Claudia Kalb. The second paragraph begins "For millions of Americans, prescription drugs are a way of life - about 2 billion are dispensed each year. We rely on them for everything from allergies to diabetes to depression." As our readers know, the Gerson Therapy with its detoxifying enemas, and/or herb supplements (see our NL Vol. 12 No. 4, and Vol. 13 No. 1 regarding "St. Johns Wort") often relieves pain and many symptoms without toxic drugs. Still, too many peo-

ple take the easy drug way to stop symptoms. The Newsweek article gives some examples that cause problems: mixing antihistamines with antibiotics "can lead to abnormal heart rhythms and in rare instances the result can be fatal. ...Blood thinners alone, can cause fatal internal hemorrhaging." Apparently, the FDA asks doctors and hospitals to report on damaging or fatal drug reactions - but the FDA rarely receives such information.

Dr. Lucian Leape of the Harvard School of Public Health offers a lame excuse. He admits that 100,000 deaths are too many - but, he says, in relation to the numbers of drugs used, it represents 'only' .32 percent of hospitalized patients - so "maybe those numbers aren't so bad after all." Dr. Pomerans isn't warning people to stay away from drugs. He says, "That would be a terrible message. But we should increase our vigilance."

Have another close look at these leading killers, and note that the Gerson Therapy can prevent and/or cure 8 out of the 10 top killers (the exceptions are accidents and suicides).

Let us not forget one revealing incident which occurred in Los Angeles, 1975. Doctors went on strike to protest the huge malpractice insurance premiums, and during this strike, the death rate in Los Angeles dropped by almost 50%. At the end of the strike, and resumption of medical practice, the mortality rate returned to its pre-strike level. *

Table of Top 10 Leading Killers in the United States (1994)

Rank	Cause of Death	# Deaths
1	Heart Disease	734,090
2	Cancer	536,860
3	Stroke	154,350
4	Adverse Drug Reactions	106,000
5	Chronic Lung Disease	101,870
6	Accidents	90,140
7	Pneumonia / Influenza	82,090
8	Diabetes	55,390
9	HIV / AIDS	41,930
10	Suicide	32,410

Class Action Suit Against Chemotherapy Use:

Lew Brennehan MD, Ph.D., an incredibly courageous and compassionate physician, addressed a cancer support group at the end of March. He is deeply moved with the continued suffering and deaths caused by the use of toxic chemotherapy in the treatment of cancer patients. Dr. Brennehan with his associate, Dr. Alan Levin (MD, JD) decided to bring a class action suit against the medical establishment's cancer cartel for its crimes of medical damage to cancer patients. The enormous power of the international cancer-drug cartels will be brought to bear in protecting the billions of dollars they derive from chemotherapy. Dr. Brennehan wants to bring the damage and cruelty to the attention of the public. He feels that juries are sensitive to the suffering of people who have been willfully attacked when they are most vulnerable.

In order to proceed, Dr. Brennehan needs 400-500 cases of verified damage to bring before the jury. Many of us have seen persons with terrible side-effects and ultimately miserable deaths due to chemo. If you know of a family member, friend or neighbor who fits this description (alive or dead!), please contact Dr. Lew Brennehan and ask for a form to fill out so that he can obtain the medical records and study the suitability of the case for inclusion in his suit. He wants to show the damage done to: nerves, heart, lungs, face, bone marrow, brain and liver.

Write or call:

Dr. Lew Brennehan

500 Sutter St., Suite 512

San Francisco, CA 94102.

Tel: (415) 677-0829, or 986-6181 Fax: (415)677-9745

e-mail: brenn@sfo.com

1. Create an Outreach Program for schools and businesses to teach children and employees about the long-term benefits of sound nutrition.
2. Develop our popular Practitioner Training Program so that communities throughout the world have access to a medical professional who is familiar with the Gerson Therapy.
3. Provide substance abusers (alcohol, tobacco, street drugs, prescription drugs) with information about how the Gerson Therapy can help them 'kick their habit,' safely and naturally.

A Challenge to Our Members

These are three Programs that the Gerson Institute will be working on in 1998/99. To ensure their success, we have challenged ourselves to increase our Membership Fund by 50%. Our challenge to you is to help us reach that goal. If you look forward to your copy of the *Gerson Healing Newsletter* every other month, then please take this opportunity to share it with a friend, colleague or acquaintance at the local health food store. Tell them about the recovered patients highlighted by Charlotte in each issue and point out the in-depth articles thoroughly researched by Suson DeSimone that focus upon current health and environmental issues. Then, draw their attention to the Membership application on the inside, back page. If each of you succeeds in inspiring just one new Member, then we will easily reach our goal. Our ability to spread the word about the Gerson Therapy is closely tied to the support of our Members. There is much to do and we can only do it with your help.

Carla's Story:

"My mother was talking to Dr. Max Gerson in his New York city office, making arrangements for me to begin his therapy immediately upon my hospital discharge."

By Carla Shuford



This year, on September 4, 1998, I will be celebrating my 40th anniversary – an anniversary of life! I was diagnosed with cancer, and on that day 40 years ago, my left leg was amputated at the hip. I had seven months of pain before the tumor was discovered, so when the diagnosis of osteogenic sarcoma was confirmed in a biopsy report to Dr. John Preston (the surgeon who had performed the biopsy) – the prognosis was not good. The cancer had spread to the lymph system, and I was given six months to live.

At that time, radiation and surgery were the conventional methods of treatment. Radiation was not possible because of the tumor's location, and in desperation, the doctors decided to do radical surgery, offering a faint possibility that it could postpone death by 30-60 days.

However, on that same day, and in fact, while the operation was being performed, something seemingly much less dramatic, but far more vital was taking place. My mother was talking to Dr. Max Gerson in his New York city office, making arrangements for me to begin his therapy immediately upon my hospital discharge.

The next five years were to be round-the-clock days of labor, as my parents devoted their lives to preserving mine, Gerson-style. We were poor dairy farmers from the mountains of Western North

Carolina, whose livelihood depended upon milking by hand, our herd of 30 Jersey cows, and delivering the raw milk to our customers each morning. Although it would have been preferable for me to be a resident of Dr. Gerson's New York clinic, circumstances made that impossible. Because of the extreme demands of time, energy, and the difficulty of acquiring toxin-free foods, along with the thoroughness and exactness that the program required, Dr. Gerson was reluctant for patients to handle the treatment at home, especially in the beginning stages. However, he was impressed with my mother's intelligence and untiring dedication to detail. For giving his trust, she in turn made him the promise that she would follow his prescribed regimen to the letter.

So began five years of uncompromising observance to the Gerson Therapy by my mother, my father, and myself. In those days, the Gerson juicer was an enormous, heavy machine (similar to a car jack), with a separate press and linen cloths to press the ground food in to prevent any chance of oxidation. We were all grateful that our arms had grown strong from years of milking cows, as it required equal strength to operate this equipment! As the juice had to be freshly ground and pressed with each feeding, my mother barely finished washing the machine and cloths, before it was time for the next round.

At that time too, the liver "juice" consisted of the liquid from grinding and pressing a calf's liver that had never been frozen. Our nearest source for the liver was in Asheville, 40 miles away. My father's job was to meet the bus at 3p.m. at the local station with our order of fresh liver.

While my father had converted to organic gardening in the early 1950's,

(Continued on next page "Carla's Story")

USDA "Organic"...

(Continued from front page)

USDA's deceptive proposal to reinvent the definition and meaning of 'organic.'

Well, thank you everybody, you won't! The USDA was buried under a flood of over 200,000 messages objecting to their deception. And just in time for Mother's Day, on May 8th, 1998, they published their capitulation. They are still attempting to justify their pandering to the multi-national food and agriculture giants, stating that:

"Biotechnology, the use of irradiation in food processing, and the application of 'biosolids' (municipal sludge) in organic food production are safe and have important roles to play in agriculture. But they neither fit current organic practices, nor meet current consumer expectations about organics – as the extraordinary number of consumer comments made clear." Agriculture Secretary Dan Glickman announced "Therefore these products and practices will not be included in our revised proposal, and food produced with these products and practices will not be allowed to bear the organic label. If organic farmers and consumers reject our national standards, we have failed. Our task is to stimulate the growth of organic agriculture, ensure that consumers have confidence in the products that bear the organic label and develop export markets for this growing industry."

However, we will all need to remain vigilant. Notice Glickman's several references to 'current' opinion. Glickman continues, "before publishing the revised proposal, USDA will evaluate the comments submitted in response to the December 1997 proposal. This record will guide the drafting of the revised proposal, which USDA will issue for public comment later this year. This additional opportunity for public comment will assist us in crafting rigorous credible national standards for organic farming and handling that organic farmers and consumers can support." In other words, if they do not hear from the public again, loudly and clearly, a revised proposal may once again undermine the organic label. ■

Visit us on the internet at:

www.gerson.org

Carla's Story...

(Continued from previous page)

none of the other local farmers had any interest in this pursuit. However, since the quantities of lettuce and carrots required for daily juicing, as well as the various roots and vegetables for the prescribed soup, were enormous, my father needed the assistance of our neighbors. Different farmers agreed to allocate portions of their gardens to be pesticide-free. In those areas, they grew "Carla's carrots" and "Carla's lettuce" and "Carla's whatever."

The rest is history. Dr. Gerson died in the Spring of 1959, less than 6 months after my mother had visited him. The doctors finally grew tired of requiring monthly chest x-rays that were consistently clear. Sloan-Kettering sent out a yearly survey to ask if I was still alive, and each year, to their amazement, it was returned. In 1988, I realized I had outlived their 30 year study!

My father died in 1965. My mother died on January 18th of this year (1998), just three days before her 90th birthday. I am now an official senior, having turned 55 in April.

I eat only organic, unprocessed foods, with an emphasis on fruits, vegetables, and whole grains. I swim a mile each morning, and enjoy good health - other than the wear-and-tear that is attendant to a 40 year life on crutches.

I keep an updated "Gerson Folder" in my bureau drawer, so I will know what to do, should I ever need Doctor Max's help again. And perhaps most importantly, I look forward to celebrating my 40th anniversary on September 4, 1998, as I once again give thanks to my mother, to my father, and to Dr. Max Gerson for MY LIFE!

-Carla Shuford. *

We are excited and overjoyed when we find another one of Dr. Gerson's former patients surviving upward of 40 years. The story of Carla is one of many, and we are always looking for more. If you know of any such survivors, or if you have friends who may know one, please communicate with us - or ask them to do so.

- Charlotte Gerson.

Setting Examples:

"San Francisco proposes five year plan for revolutionary environmental reform"

By Charlotte Gerson

Alive magazine, in its June 1998 issue, reports on a plan recently adopted by the city of San Francisco to clean up its environment. The article entitled, "San Francisco Plans Eco-Revolution" is by author Paula Linnquist.

It is most interesting to see that this is a city-sponsored effort, involving both industrial and governmental departments. The city is planning, in the course of the next five years, ten auto-free zones. Industry and government will be banned from providing free parking to employees, while the city will attempt to keep public transportation costs the same - or even try to reduce them. They hope to increase the use of bicycles by 100%.

The city plans to take action against air pollutants such as tobacco smoke, fireplaces, barbecues, roof tar, dry cleaning establishments and various other polluting industries. They hope to introduce the use of more solar-powered energy and wind energy generators. Golden Gate Park will have windmills. More important, a study is under way to find an alternative to the chlorination of the water supply and wastewater. Ultra-violet disinfecting is being considered.

The plan even makes note of the importance of healthy food and water. Organic school lunches will be introduced and people will be encouraged to plant fruit trees in every back yard.

New rules will apply in the transportation

and sale of hazardous materials. Stores that sell toxic products will have to provide information about non-toxic alternatives and the correct disposal of dangerous products. It will also be considered to plant 4,000 street trees per year and have homeowners plant a tree when they sell their homes. Each year, the number of streets that have underground utility lines will double - and 100% of the city's wastewater is to be recycled.

If the city manages to achieve only half of these ambitious projects, it will be a wonderful example and model to be followed by other cities the world over. Congratulations and good luck San Francisco! *



We Want You!

If you are interested in serving as a Member of the Board of Directors of the Gerson Institute we would love to hear from you. The ideal candidate is expected to attend at least six regular meetings in San Diego County and serve on at least one of our committees. Candidates with experience in business, fund raising and Non-profit Organizations are particularly welcome.

Any letters of interest (with a resume if possible) should be sent to me at our Bonita address and I will be sure to pass them on to the Nominating Committee.

Thank you for your consideration,

Andrew Printer
Executive Director

“Major New Discovery”

It's “breakthrough” season for cancer research.

By Charlotte Gerson

April is traditionally the month in which the American Cancer Society collects cancer research funds. It is also the month (sometimes this happens at the very end of March) when some scientist heralds a ‘triumphant’ breakthrough in cancer research which will lead to a cure.

A case in point was an article in the April 3rd, 1997 edition of the *New York Post*. The article, which boasted a large headline proclaiming “MAJOR NEW DISCOVERY COULD K.O. BREAST CANCER” In this article the *Post* discusses the discovery of a molecule ‘that acts like a switch,’ causing cells to divide and form tumors. The ‘breakthrough,’ initially reported by the *Journal of Clinical Investigation* on April 2, 1997, stated that researchers found 5 to 20 times as much of the particular molecule in malignant breast tumors than in non-tumorous tissues.

Similar ‘breakthrough’ headlines were announced at the start of April a number of years ago, just in time for cancer collection month. The ‘wonder drug’ at that time was Interferon, yet by the end of April, it was already talked down as “not very effective.” As for the “New Discovery” mentioned above, I believe few can even remember what this ‘major breakthrough’ was all about.

This year, on April 4, 1998 (right on time), *USA Today* sported a big, front page headline, “Cancer breakthrough comes with big risk.” This time it is the drug ‘Tamoxifen’ that carries the day. *USA Today* reports on “the largest cancer prevention trials ever” conducted over a five year period by the National Cancer Institute. Women at risk of breast cancer were given tamoxifen – and the results were that it cut the incidence of breast cancer by about half. However, the improvement came at a high cost, as the long term preventive use of tamoxifen has life-threatening side-effects! These include uterine cancer, blood clots, “visual disturbances including corneal changes, cataracts, endometrial cancer,

uterine cancer, changes in liver enzymes including in rare cases, hepatitis and hepatic necrosis which included fatalities.” (*Physicians’ Desk Reference*, 1998; Zeneca Pharmaceuticals, p. 3175). While the media reported as much as 50% of women surviving without recurrence, the *Physicians’ Desk Reference* reports in numerous studies, women who received the drug had a 51.2% recurrence-free survival at 10 years, while those taking a placebo had a 44.7% survival rate – only a 6.5% difference, without the enormous risk of the drug’s side-effects. An extensive Swedish study (also reported in the *Physicians’ Desk Reference*) with tamoxifen given 2-5 years, also showed 3 cases of liver cancer. A number of second primary tumors in sites other than the endometrium have also been reported.

Needless to say, there is a difficulty in accepting a ‘preventive drug’ that causes uterine or endometrial cancer in some 50% of the women taking it – while they are well! The ‘explanation’ for this depressing phenomenon is that it is easier to cure this ‘induced’ uterine cancer than breast cancer. Dr. Raymond Woosley of Georgetown University Medical Center in Washington, DC, admits that the “message is complex” and that women must carefully consider their risk for cancer versus the risk of side effects from tamoxifen.

The reader will not be surprised that I am coming back to the Gerson Therapy. Since this treatment has been shown to reverse breast cancer, even in advanced stages, (see one case in our *Healing Newsletter* Vol. 13, No. 2) it is obvious that the Therapy can prevent cancer. Following the Gerson Therapy for the sake of prevention does not need to be as strictly observed as it is for ill patients, but one must remember that prevention is always a good idea. Besides, the only ‘side effects’ of the Gerson Therapy are that it will also prevent other chronic, degenerative diseases – and cannot do any harm! ■

Gerson Vendor Network

A list of vendors, supporters, and donors who offer products essential to the Gerson Therapy.

Harbor House Organic Coffee
P.O. Box 1879
Clearlake Oaks, CA 95423
Toll free (888) 902-6333
Tel (707) 998-4654, Fax (707) 998-4580

K&K Grinder & Press (juicer+press)
Al Hasser; 14410 Big Canyon Rd.,
Middletown, CA 95461
Tel (707) 928-5970

Norwalk Juicers
145 E. Cliff St.
Solano Beach, CA 92075
Toll free (800) 405-8423, Tel (619) 755-8423
Web: <http://home.aboc.com/norwalk>
e-mail: norwalk@aboc.com

STAT (Gerson medical essentials)
Apartado Postal No. 2392
Tijuana, B.C.N. 22000, Mexico
Tel 011 - 52 - 66 - 801 - 103
Fax 011 - 52 - 66 - 802 - 529

Sunshine Organics (org. produce)
(formerly Jimbo's) 3918 30th St.
San Diego, CA 92104
Tel (619) 294-9612, Fax (619) 294-9612

Omega Nutrition (Flax Seed Oil)
5373 Guide Meridian, B2
Bellingham, WA 98226
Order Line: 1-800-661-FLAX (3529)
** For a special discount, mention that you are a Gerson Patient.

Greenjeans Organic Food Warehouse
(home delivery service of Organic produce)
32234 Paseo Adelanto, D-1
San Juan Capistrano, CA 92675
Tel (714) 489-1960

Vaccination

(Part 1 in a two part series).

Why we should let nature take her course.

By Susan DeSimone

One benefit of working in the holistic health field is having access to information that is rarely mentioned in the mainstream media. Two books that have had a major impact on me are, *A Shot in the Dark* by Harris Coulter and Barbara Loe Fisher, and *How to Raise a Healthy Child in Spite of Your Doctor* by Robert Mendelsohn, M.D. These books reveal a disturbing reality: vaccinations are sometimes ineffective and may carry with them serious risks to our children's health.

To be honest, I was not entirely surprised by these revelations. A few years ago, I worked with a nurse practitioner who lost 80% of her hearing after receiving an MMR (Measles, Mumps, Rubella) shot as a child. It was then that I realized vaccinations could have disastrous side-effects – a fact that is rarely, if ever, publicized by most pediatricians.

I spent many hours researching the subject of vaccinations for this article, and while it is certainly not my intention to frighten or dissuade parents from vaccinating their child, I feel it is important to share the information I have discovered on this very complex and controversial subject.

Most parents don't think twice about the possibility of complications which may arise following an injection. Some may feel uneasy about this invasive practice, but feel pressured by pediatricians and laws which mandate vaccinations for enrollment in daycare centers and schools. The truth is, exemptions exist in each state. There are religious exemptions, medical exemptions, and some states offer what is known as a philosophical or personal belief exemption.

Whether you choose to vaccinate your child or not, it is clear that your decision must be an informed one. But if you ask your pediatrician for information, keep this caveat in mind: the statistics your doctor will provide you with are quite biased and are not an accurate representation of actual vaccine related injuries. "Only the most blatant and undeniable adverse events caused by vaccines are

officially recognized. The hundreds, or thousands of autoimmune responses and long-term neurologic effects that result in permanent disabilities are ignored and denied in the headlong effort to vaccinate at any cost," says Randall Neustaedter, OMD and author of *The Vaccine Guide*.

Proponents of vaccines are quick to cite the polio vaccine and the eradication of smallpox as being the two great benchmarks of vaccination. Those who oppose vaccination, however, argue that infectious disease mortality rates in the U.S. and England declined steadily before the advent of vaccinations due to improved sanitation, hygiene and diet. If these two vaccinations were responsible for the decline of polio and the eradication of smallpox, how did these epidemics end at the same time in European countries who refused to vaccinate against the diseases?

Even the WHO (World Health Organization) has admitted, disease and mortality rates in Third World countries have no direct correlation with immunization procedures or medical treatment, but they are closely related to the standard of hygiene and diet. A 1975 issue of *Scientific American* revealed the same finding: that "over 90% of all contagious disease was eliminated by vastly improved water systems, sanitation, living

conditions and transportation of food." Mass vaccinations did not appear on the scene until a century after the decline in infectious diseases started (1850-1940), but inoculations were, and still are given full credit.

If vaccines are so effective in preventing disease why have epidemics occurred around the world following mass vaccination programs? In the Philippines for example, "after ten years of compulsory inoculation against smallpox (25 million shots) over 170,000 got smallpox and 75,000 deaths were recorded between 1911 and 1920" (from the *Townsend Letter for Doctors* article "Are Vaccines Generally Detrimental to the Human Defense System," Feb/Mar 1994).

While health and medical officials who develop and promote vaccinations accept the "occasional" adverse/fatal reactions as the price that must be paid in order to gain control over infectious disease, there is a small but growing number of physicians who feel that vaccines may be a contributing factor in the increase of immunologic disorders in the United States and worldwide as well. These physicians point out that common ear, sinus, throat and bronchial infections are occurring at a rate unknown in earlier generations. Allergic diseases such as



eczema and asthma are increasing in both severity and frequency. Millions of young adults are affected by Chronic Fatigue Syndrome, and autoimmune diseases are also on the rise. "These are fearful diseases such as cancer, leukemia, rheumatoid arthritis, multiple sclerosis, Lou Gehrig's disease, lupus erythematosus, and the Guillian-Barre syndrome," writes Dr. Mendelsohn (in *How to Raise a Healthy Child*).

Under the current vaccination schedule proposed by the American Academy of Pediatrics, children should receive 16 injections between the ages of 0 and 18 months. It has always been taken for granted that an infant's immune system has an unlimited capacity to respond to these vaccines, but in reality, a newborn's immune system is highly undeveloped and does not become fully mature until the child is 12 years old.

In order for the immune system to develop properly, it must be challenged naturally through exposure to viral and bacterial microorganisms. These microbes enter the system through the mucosal surfaces of the body, including the gastrointestinal, respiratory and genitourinary tracts, at the rate of about once every 6 weeks. In most cases of exposure the child does not become ill.

The mechanics of vaccination to build immunity, on the other hand, is quite unnatural. Rather than space exposure to a relatively minuscule level of microorganisms in a gradual manner, massive quantities of antigens are introduced into the body through a series of vaccinations that are given right in a row over a short period of time. All vaccines, with the exception of the OPV (oral polio vaccination) are injected directly into the bloodstream, by-passing the mucosal immune system known as the secretory IgA. The secretory IgA is the first in a series of defensive levels within the immune system. It serves as a buffer, filtering microbes so that the impact of these invading organisms is greatly reduced once it reaches the bloodstream. The IgA allows the antigen to be removed in the same manner in which it arrived – through the mucosal barrier – by sneezing, coughing and sweating. So a vaccine that has been injected "gives the body no warning, no generalized inflammatory response, no chance to recognize, duplicate or defend itself against future chal-

lenges from typical antigens," writes Dr. Mendelsohn in *How to Raise a Healthy Child In Spite of Your Doctor*.

With this background information in mind, I myself tend to agree with Neustaedter's hypothesis: "the combined effects of massive, repeated antigenic stimulation from vaccines, which short-circuit the process of natural immunity and which are given at an extremely vulnerable time of life, cannot help but have adverse effects on the immunologic system of the child, possibly leaving this system crippled in its ability to protect the child throughout life."

It is worth mentioning that many doctors themselves reject immunizations (see "Rubella Vaccine and Susceptible Hospital Employees: Poor Physician Participation," *Journal of American Medical Association*, Feb. 20, 1981). Perhaps they know something we don't. Maybe they know that most vaccines are cultured in contaminated animal tissue, or that vaccines contain known carcinogenic material such as mercury and formaldehyde. Maybe they realize that the thymus gland of children who live in vaccinated populations atrophies much more, and much faster than in children who have been naturally exposed to antigens.

While pediatricians may be fully aware that vaccines can be a health risk, they are not willing to share this information with parents before they have their child inoculated. Parents should know that the accompanying insert to Connaught Labs' DPT shot reads: "Sudden Infant Death Syndrome has been reported following administration of DPT. The significance is unclear...85% of SIDS cases occur in the period 1 through 6 months of age, with the peak incidence at age 2 to 4 months." That's a far cry from a fever, soreness or redness – which are the only side effects doctors usually mention. The Institute of Medicine has determined that DPT causes brain damage at the rate of one case for every 62,000 fully immunized kids, killing at least two to four infants a year, (it may be even higher - more like 900 a year due to its misclassification as SIDS), as reported by an article on vaccinations featured in the December 1996 issue of *Money* magazine. Sadly, it seems as if pharmaceutical companies are more interested in making profits than making safe products. According to *Money* mag-

azine's 1996 article, "for decades, American pharmaceutical companies have known how to produce the safer (acellular) DPT vaccine but decided not to bring it to market because it would increase production costs and lower the drug's 50% or higher profit margins." Although this safer version of DPT, known as DaPT, is now sold in the United States, how many children had to die, or suffer from brain injuries before it was made available?

The vaccine industry is big business. "Worldwide revenues of nearly \$3 billion are expected to more than double to \$7 billion over the next five years as more vaccines are developed. Vaccine revenues are estimated at \$1 billion a year in the US alone. This is up from \$500 million in 1990, a 200 percent increase over six years. The cost to fully immunize a child has risen from \$107 in 1986 to \$367 in 1996, a 243 percent increase over ten years."

In 1986, our federal government guaranteed that the vaccine industry would forever remain in the black by creating the National Childhood Vaccine Injury Act. Under this Act, parents receive compensation for children adversely affected by vaccines. Such action on the federal government's part gives pharmaceutical companies carte blanche – giving them the enviable position of marketing and selling their goods without having to shoulder any of the liability for them. When pharmaceutical companies could no longer get insurance coverage, our government stepped in and devised this convenient program which is funded by us via a tax which is tacked onto the cost of the vaccination. So now pharmaceutical companies have little incentive to make safer products.

Since its inception, the government has paid out \$635 million from this fund. They have established a limit of \$250,000 in cases where a child has died as a result of being vaccinated. These payments are not very easy to come by, and the government's definition of a vaccine related death or injury is quite narrow. Only those reactions which are immediately noticeable following an injection are covered, such as: SIDS, viral meningitis, mental retardation, epilepsy and Guillian Barre. Litigation can carry on for years, which is not only costly, but traumatic for

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the parents as well.

In September of 1997, the First International Public Conference was held in Alexandria, VA. This conference was sponsored by the National Vaccine Information Center, a child advocacy organization that promotes vaccine safety and informed choice. The presenters included eminent immunologists, neurologists, geneticists, biochemists, and legal experts, as well as practitioners of alternative medicine. Some of the key questions and possible courses of action raised at the conference are noted here to the right. Hopefully these suggestions will not fall on deaf ears. Parents have a right to safe vaccines for their children, as well as unbiased information on the risks as well as the benefits of each vaccine that is given to their child. ■

Part 2 will appear in the Sept/Oct. issue of our *Healing Newsletter* with a focus on individual vaccinations and the adverse reactions associated with them.

- What are the causes of chronic illness in children? Fund research into the causes of chronic illness in children.
- Encourage use of mediums other than monkey kidneys for vaccine production.
- Fund independent research into the safety of vaccinations.
- Raise tax on vaccinations to fund long-term safety and epidemiological studies.
- Establish oversight committees for vaccination policy-making, administration and compensation legislation.
- Encourage tolerance of philosophical exemptions for vaccines and include religious and philosophical exemptions in all state statutes.
- Delay vaccination until age two when the nervous system is mature.
- Let parents know about the existence of the National Vaccine Injury Compensation Program and the National Vaccine Information Center.

[Reported in *Mothering Magazine*, Jan/Feb 1998]

Dear Charlotte:

“Someone told me water that has been microwaved, inhibits the growth of sprouts...”

In our *Healing Newsletter*, Vol. 11 No. 3, we brought our readers a fairly detailed report on research done on microwave ovens, and the damage 'microwaving' does to food. We bring you below a letter from a correspondent who was not aware of our article, but who performed a simple, interesting experiment:

"I have heard for some time that microwave ovens might not be perfectly safe. Someone told me that water that has been microwaved inhibits the growth of sprouts. I have been curious about this for a while.

"I decided to try the experiment myself. I boiled water, both in the microwave and on the stove, and cooled it. I soaked some seeds in three containers, using tap water as a control. After a

couple of days, I counted the germination rate. The seeds in both the stove [top boiled] water and in the tap water had rates of 87.5%, but the seeds in the microwaved water showed a germination rate of 25%. After a few more days, more of the seeds wet with the microwaved water had sprouted, just barely, and the roots were very short, with few root hairs. The stove-boiled and the tap water seeds had roots that were at least twice as long, with many root hairs, and even some leaves appearing.

"This is quite weird! Now I am quite concerned about the safety of microwaved foods. I would like to find out what research has been done on the microwave, and what has been published!"

— L.R., Mosinee, WI

Health News: from a Gerson perspective...

Health Freedoms Are On The March... (follow-up)

Continued from *Healing Newsletter* (Vol. 13, No. 3 "Health News")
Original article published in *Choice*, Vol. XXIII, No. 2, Summer 1997.

By Charlotte Gerson

In Canada, where medical freedoms were even more severely restricted than in the United States (although it hardly seems possible), there is some good news - along with some bad. In the *Journal of the International Council for Health Freedom* (ICHF), in the Spring 1997 issue, it reported that Alberta has become the first Canadian province to allow medical doctors to use 'complementary' medicine. The provincial equivalent of the drug/medical police is trying to get around the new law. It was again the people who battled for medical freedoms, specifically, in this case, for chelation. The Canadian COPS (College of Physician and Surgeons) were fighting the bill while American 'quackbusters' lobbied heavily against it, claiming that "its passage would spread quackery." The ICHF further reports that the Alberta COPS tried to circumvent the law by introducing its own regulations - trying to "put physicians in effect into a straight jacket" and mock the new law. But complementary physicians are refusing to comply and, if necessary, with the help of patients and the American College for Advancement in Medicine (ACAM) would go so far as to challenge the COPS in court.

It is further reported that Nova Scotia was first to add a "complementary medicine" section to its medical legislation. Robert McMaster of "Citizens for Choice in Health Care," in Ontario, stated. The fact that several US states have enacted similar laws along with the action in Alberta, have brought greater focus and sped up the battle in Canada. Citizens in other provinces are pressing for their "Rights to Choice in Medicine Act" to be passed. In Ontario, the Ontario College of Physicians and Surgeons (COPS) is still intimidating all complementary physicians.

Last year, the Canadian government's "Health Protection Branch" banned melatonin and chromium picolinate both of which were becoming widely used and available in the US.