



HEALING

NEWSLETTER

Vol. 14, No. 3
May - June, 1999

Essential bimonthly health news for Gerson Therapy patients and health-conscious individuals - Published by the Gerson Institute

Featured Inside:

Practitioner Training: Our Fourth Successful Year!

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More Recovered and Recovering Patients:

Muscular Dystrophy
Cervical Cancer
Breast Cancer
Prostate Cancer
Lymphoma
& Adenocarcinoma

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Heart Disease

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Coming June 1st!**All New Look & Features for
the Gerson Institute Online!**www.gerson.org

Soy

Too Good to be True

By Brandon Finucan and Charlotte Gerson

Part 1

In the November/December issue of our *Gerson Healing Newsletter* published a very popular article on one negative aspect of soy called, "Are Soy Products Dangerous." While even in 1966 there was considerable research on the harmful substances within soybeans, you'll be hard pressed to find articles today that claim soy is anything short of a miracle-food. As soy gains more and more popularity through industry advertising, we are moved once again to raise our voice of concern.

We have previously published two articles on soy ("Are Soy Products Dangerous?" Vol. 11, No. 5 and "Soy Products Follow-up" Vol. 11, No. 6), so this third article has been written as both a brief summary and an update.

The Soybean Industry in America

In 1924 soybean production in the U.S. was only at 1.8 million acres harvested, but by 1954, the harvested acres grew to 18.9 million. Today, the soybean is America's third largest crop (harvesting

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GERSON HEALING NEWSLETTER

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The Gerson Healing Newsletter is published on a bi-monthly schedule (6 times per year) by the Gerson Institute. It is our membership lifeline, and is intended to keep our members and the public informed of various health issues. See our "Membership Registration" form on page 11 to become a member and receive each issue of the Gerson Healing Newsletter (or visit our web-site at the address given above.)

The Gerson Institute is a Proud Member of:



Soy - Too Good To Be True

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72 million acres in 1998), supplying more than 50 percent of the world's soybean demand.

Most of these beans are made into animal feed and are manufactured into soy oil for use as vegetable oil, margarine and shortening. Of the traditional uses for soy as a food, only soy sauce enjoys widespread consumption in the American diet. Tofu, measuring 90 percent of Asia's use of the soybean, has gained more popularity in the U.S., but soy is still nowhere near a measurable component of the average American diet - or is it?

For more than 20 years now, the soy industry has concentrated on finding alternative uses and new markets for soybeans and soy byproducts. At your local supermarket, soy can now be found disguised as everything from soy cheese, milk, burgers and hot dogs, to ice cream, yogurt, vegetable oil, baby formula and flour (to name just a few). These are often marketed as low-fat, dairy-free, or as a high-protein, meat substitute for vegetarians. But soy isn't always mentioned on the box cover. Today, an alarming 60% of the food on America's supermarket shelves contain soy derivatives (i.e. soy flour, textured vegetable protein, partially hydrogenated soy bean oil, soy protein isolate). When you look at the ingredients list, and really look at the contents of the "Average American Diet," from snack foods and fast foods to pre-packaged frozen meals, soy plays a major role.

Where the soybean goes wrong?

Here at the Gerson Institute, we feel the positive aspects of the soybean are overshadowed by their potential for harm. Soybeans in fact contain a large number of dangerous substances. One among them is phytic acid, also called phytates. This organic acid is present in the bran or hulls of all seeds and legumes, but none have the high level of phytates that soybeans do. These acids block the body's uptake of essential minerals like calcium, magnesium, iron and especially zinc. Adding to the high-phytate problem, soybeans are very resistant to phytate reducing techniques, such as long, slow cooking.

Soybeans also contain potent enzyme inhibitors. These inhibitors block uptake of trypsin and other enzymes that the body needs for protein digestion. Normal cooking does not deactivate these harmful "antinutrients," that can cause serious gastric distress,

reduced protein digestion and can lead to chronic deficiencies in amino acid uptake.

Beyond these, soybeans also contain hemagglutinin, a clot promoting substance that causes red blood cells to clump together. These clustered blood cells are unable to properly absorb oxygen for distribution to the body's tissues, and cannot help in maintaining good cardiac health. Hemagglutinin and trypsin inhibitors are both "growth depressant" substances. Although the act of fermenting soybeans does deactivate both trypsin inhibitors and hemagglutinin, precipitation and cooking do not. Even though these enzyme inhibitors are reduced in levels within precipitated soy products like tofu, they are not altogether eliminated.

Only after a long period of fermentation (as in the creation of miso or tempeh) are the phytate and "antinutrient" levels of soybeans reduced, making their nourishment available to the human digestive system. The high levels of harmful substances remaining in precipitated soy products leave their nutritional value questionable at best, and in the least, potentially harmful.

What About the Studies?

In recent years, several studies have been made regarding the soybean's effect on human health. The results of those studies, largely underwritten by various factions of the soy industry, were of course overwhelmingly in favor of soy. The primary claims about soy's health benefits are based purely

TWO FOR ONE

GIFT MATCHING

These days, with a booming economy and low unemployment, employers are doing all they can to control staff turnover. One of the ways many businesses are doing this is by making a 'matching donation' to their employees' favorite charity.

If you would like your donation to the Gerson Institute doubled, why not ask your employer about this opportunity. Not only will your employer make a tax-deductible contribution to a worthy charity, but they will also get to express their appreciation of you.

on bad science. Although primary arguments for cancer patients to use soy focus on statistics showing low rates of breast, colon and prostate cancer among Asian people, there are obvious facts being utterly ignored.

While the studies boast that Asian women suffer far fewer cases of breast cancer than American women do, the hype neglects to point out that these Asian women eat a diet that is dramatically different than their American counterparts. The standard Asian diet consists of more natural products, far less fatty meat, greater amounts of vegetables and more fish. Their diets are also lower in chemicals and toxins, as they eat far fewer processed (canned, jarred, pickled, frozen) foods. It is likely these studies are influenced by the fact that cancer rates rise among Asian people who move to the U.S. and adopt Americanized diets. Of course, this change of diet goes hand-in-hand with a dramatic shift in lifestyle. Ignoring the remarkable diet and lifestyle changes, to assume only that reduced levels of soy in these Americanized Asian diets is a primary factor in greater cancer rates is poor judgement, and as stated above, bad science. The changes of diet and lifestyle must be considered to reach the correct conclusion.

A widely circulated article, written by Jane E. Allen, AP Science Writer, titled, "Scientists Suggest More Soy in Diet", cites in the course of a symposium, numerous speakers discussing the probable advantages of soy under the title, "Health Impact of Soy Protein." However, the article states that the \$50,000 symposium "was underwritten by Protein Technologies International of St. Louis, a DuPont subsidiary that makes soy protein!" In the course of the same symposium, Thomas Clarkson, professor of comparative medicine at Wake Forest University, states "Current hormone replacement therapy has been a dismal failure from a public health point of view," not because Premarin is known to cause uterine or other female organ cancers, but "because only 20 percent of the women who could benefit from it are taking it."

Other popular arguments in support of soy state that fermented products,

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Charlotte Gerson (foreground, far right) presenting a Gerson Fiber to the year's first student touring attendees of Hospital Meridien

Practitioner Training: Our Fourth Successful Year!

By Susan DeSimone and Charlotte Gerson

The fourth Practitioner Training Course was held the last week of February, 1999 at the Hanalei Hotel in San Diego. The Training Course was a great success, attracting the interest of 23 health care professionals, a good number of them medical doctors, willing and eager to treat patients in their respective countries using the Gerson Therapy. In attendance were physicians from Korea, Canada, England, Dominican Republic and Israel, as well as other health care professionals from the Brazil, Australia and the United States.

One of the participants, Professor Jacob Shoham, an M.D., researcher and teacher at the Bar Ilan University near Tel Aviv, Israel, had spent a week previously at the Gerson Certified Hospital (Hospital Meridien in Mexico) last July. He was so impressed at that time to be able to follow some terminally ill patients toward improvement that he decided to learn more about the Gerson Therapy. He took a great deal of material home with him - books, tapes and Newsletters - and studied the Therapy thoroughly. I was impressed with the detailed knowledge he had acquired between July 1998 and February 1999. He fully understood the biological validity of the "Association/Induction" theory of Dr. Gilbert Ling. During his studies he even phoned Dr. Ling at the University of Pennsylvania from Israel to discuss it in detail. With this thorough knowledge, Professor Shoham then gave the

Practitioners a 1½ hour lecture with slides, introducing them to the basics of Ling's work.

Continuing our usual schedule, we also visited Hospital Meridien. Currently the only Gerson Institute Certified treatment facility in Mexico. There, the main physicians Dr. Alicia Melendez and Dr. Luz Maria Bravo demonstrated two particularly interesting cases to the group. One of them was a patient from Brazil who had already spent three months at Hospital Meridien. He arrived shortly after an extensive operation for pancreatic cancer with liver, stomach and bile duct involvement. Even after this surgery, he was not expected to live for more than three months. Dr. Bravo was delighted to explain not only the original extensive surgery, she also proudly presented her patient to the group. He was rosy checked and full of energy with sparkling eyes, obviously in improved condition at the end of his supposed life expectancy. One item was of particular interest: the patient had already been bald, with the typical male pattern baldness, a whole bald pate, for the past 20 years. Two months after he embarked upon the Gerson Therapy, this long atrophied scalp sprouted new black hair! By the third month on the Therapy the new hair was fairly dense and about two-thirds of an inch long.

The day spent at Meridien was sunny and mild and many of the group

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Practitioners Training

continued from previous page

enjoyed the luncheon outdoors in the garden among flowers and palm trees where they were also able to listen to a lecture given by Charlotte. At that time, she presented other patients, including our good friend, Ed Dowd. Ed was Dr. Gerson's patient for spreading melanoma in 1954, and is described as Case No. 14 in *A Cancer Therapy - Results of 50 Cases*. He remains well after 45 years! There was also another patient, who after 18 months on the Therapy had cleared himself of bladder cancer - a cystoscopy was unable to demonstrate any more malignant tissue.

After a thoroughly pleasant and satisfying day, the group returned in two vans to the Hanalei Hotel and the training sessions continued. Doctors Bravo and Melendez lectured extensively on the Therapy sharing their insight and knowledge gleaned from the thirty years of combined experience treating patients using the Gerson Therapy. At each day's luncheon, a different cured patient shared their success stories with the students.

In order to "get the feel" of the Gerson Therapy foods and juices, the participants were served only strictly organic, vegetarian Gerson meals and drink carrot juice with each meal. On one day they were served a glass of juice every hour, the same as patients. We expect them to experience a mild 'healing reaction.' Patients were also provided with coffee concentrate, distilled water, as well as enema equipment. Almost all of them gladly took a 'coffee break!'

On Friday night Andrew Printer gave a few closing remarks, congratulating Gerson Institute employee Steven Walden on a job well done. The head chef of the Hanalei was also recognized for his culinary prowess. It is



Practitioner's preparing a Gerson diet

always a challenge to create tasty dishes using the Gerson protocol, and this chef really did one heck of a great job. Steven then presented the attendees their diplomas for completion of Phase I of the Certification Course.

We were very pleased to see that seven of the attendees decided to go on to Phase II of the Certification Program, consisting of a two week internship at Hospital Meridien. There they follow the doctor, meet patients and learn patient management and additional patient procedures. Following these two weeks, those who attended will receive an additional diploma certifying that they completed Phase II of the Training Course.

It is the aim of the Gerson Institute to train as many health care professionals as possible in order to spread the healing words of the Gerson Therapy. We want to ensure that medical doctors and other scientists carry on the amazing theories and principles set forth by Dr. Max Gerson in his book, *A Cancer Therapy, Results of 50 Cases*. It is our wish to have doctors all over the world help patients recover and counsel people in general toward better health. ●

Soy - Too Good To Be True

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like tempeh or natto, contain high levels of vitamin B-12. However, these supportive arguments fail to mention that soy's B-12 is an inactive B-12 analog, not utilized as a vitamin in the human body. Some researchers speculate this analog may actually serve to block the body's B-12 absorption. It has also been found that allergic reactions to soybeans are far more common than to all other legumes. Even the American Academy of Pediatrics admits that early exposure to soy through commercial infant formulas, may be a leading cause of soy allergies among older children and adults.

In his classic book, *A Cancer Therapy - Results of 50 Cases* (p. 237), Dr. Gerson put "Soy and Soy Products" on the "FORBIDDEN" list of foods for Gerson Therapy patients. At the time, his greatest concerns were two items: the high oil content of soy and soy products, and the rather high rate of allergic reactions to soy. Soybeans can add as much as 9 grams of fat per serving, typically adding an average of 5 grams of fat per serving when part of an average American diet.

The Extraction Process

The processes which render the soybean "edible" are also the processes which render it "inedible." In fermenting soybeans, the process entails that the beans be puréed and soaked in an alkaline solution. The puréed mixture is then heated to about 115°C (239°F) inside a pressure cooker. This heating and soaking process destroys most, but not all, of the anti-nutrients. At the same time, it has the unwelcome effect of denaturing the proteins of the beans so they become very difficult to digest and greatly reduced in effectiveness. Unfortunately, the alkaline solution also produces a carcinogen, lysinealine, while it reduces the already low cystine content within the soybean. Cystine plays an essential role in liver detoxification, allowing our bodies to filter and eliminate toxins. Without proper amounts of cystine, the protein complex of the soybean becomes useless, unless the diet is fortified with

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In Gerson Institute's Garden # 91

More Recovered and Recovering Patients

By Charlotte Gerson & Patients

Muscular Dystrophy:

Dr. Gerson's Patient After 50 Years

Late last year, a friend who is also very much interested in the Gerson Therapy, did a study of a number of Dr. Gerson's former patients. Since it is just now 40 years since Dr. Gerson passed away, it is hard to find any of his former patients if for no other reason than that they would have died of old age. As the researcher found, many of those patients, in fact, did die of old age, having recovered from cancer or other chronic diseases under Dr. Gerson's care.

One interesting gentleman answered our request for further information and, if possible, a description of his illness, since he came to Dr. Gerson suffering from muscular dystrophy. Dr. Gerson, admittedly, had better results with this disease than we can obtain at this time. This is his letter:

"I am 79 years old and feel fine. I am a retired farmer in the country with a heart bypass 23 years ago.

"In 1952, (at age 32) I went to New York to [see] Dr. Max Gerson. The diet and medication did much good. For many years I could almost run, get up and walk, anyway.

"After the passing of Dr. Gerson, I went back to a normal diet.

"The last few years, I gave up walking. I have a kitchen chair with rollers

in which I get around. A married son lives next door. They help me into my pick-up and I can drive for hours if need be. Once a day, he stops by and stands me up. I can walk around the room then if I hang on to something.

I had a younger sister who had muscular dystrophy. She married and had three children. She gave up walking at the age of 50 and died at the age of 59 with heart failure.

We have 10 married children and many grandchildren. As of today, no children or grandchildren have muscular dystrophy.

I feel the day will come when doctors will find the cause and a cure for M.D."

Thank you, Lyle Barnett.

Unfortunately, I do not have details on his illness, how serious it was at the time he went to New York to visit Dr. Gerson. But it is quite remarkable that he is still managing at the age of 79 while his sister didn't make it past the age of 59.

Great Report from a Recovering Patient

Just before the middle of March, there was an unexpected, heavy snow-storm in some of the States on the

East Coast. On March 15th, we got the following report from the wife of a recovering patient:

George was at the Gerson Certified Hospital in Mexico one year ago. He was suffering from prostate cancer. It had spread into his bladder and from there, crept up into his ureters, blocking them. As a result, he was virtually unable to urinate and was facing kidney failure.

This is an emergency situation. He was taken to a hospital across the border and stents were placed into his bladder to allow the urine to flow.

When he arrived in Mexico, his PSA (Prostate Specific Antigen) was at 900. On January 15th, his latest test, it showed at 115!

The best news is that during the week of March 8th, after the snowfall, he went skiing! He is presently 80 years old.

Patient, C.S.: Recovery From Two Different Cancers

Some 4 years ago, in 1995, C.S. noticed something protruding in her groin. She went to see a doctor and it was assumed that she had a hernia. Surgery was suggested, but she refused. Another time, again suspecting a hernia, surgery was suggested and refused.

Finally, C.S. went to see another doctor who examined her and stated that he thought this lump was lymphoma. A biopsy was done at that time by Dr. Blair in Kingston (NY), when it was discovered that she had "Large-cell non-Hodgkins Lymphoma." She was sent to a colleague for treatment. This physician, Dr. Feldman, also in Kingston, found a small lump in the upper right quadrant of her breast as well. He removed it and biopsied it, too. This lump turned out to be adenocarcinoma. But when he removed the lump, the surgeon was unable to obtain clear margins. In other words, there was tumor tissue left in the breast. At that point, the entire staff was called in to discuss the problem and suggest the best treatment.

The recommendation was for the patient to start with a radical mastec-

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Dops! We Have a Correction:

In our last *Healing Newsletter* (Vol. 14, No. 2) we reversed the photos of two patients.



The picture on the left is Evelyn Oberlander, and the picture on the right is Irene Stananought.

Our apologies to Evelyn and Irene for the mix-up.

Pssst...
... *Pass it on!*

Pass this newsletter on to someone you care about! or, send them a full year of bimonthly *Gerson Healing Newsletters* for as little as a \$25 tax-deductible donation. Details on pg. 11.

Gerson Patient Support Network

Many patients have expressed to us the need to be in contact with others who are on the Gerson Therapy. For this reason we are starting the Gerson Patient Support Network.

Patients of Gerson Institute Certified treatment centers as well as those doing the Gerson Therapy on their own are welcome to participate. If you wish to have your name added to this list and also receive the names of other patients, please fill out the form below and return it to us.

Name: _____

Address: _____

City: _____

State: _____ Zip/Postal Code: _____

Country: _____

Telephone: | _____ |

e-mail: _____

Diagnosis: _____

When did you start the Gerson Therapy?

(month) _____ (year) _____

I am on: The Full, Intensive Gerson Therapy

A Modified Gerson Therapy

RELEASE AND AUTHORIZATION FOR DISCLOSURE AND DISTRIBUTION

I, _____, an individual, authorize the Gerson Institute, a non-profit organization in Bonita, CA to disclose my name, address, telephone number and diagnosis to other interested parties undergoing the Gerson Therapy, and to add my name to the Gerson Patient Support Network.

Name (please print): _____

Signature: _____

Date: _____

Recovered Patients...

continued from previous page

tomy, followed by 6 weeks of chemotherapy, then a series of "long chain radiation" to her right side to cover her entire lymph system.

C.S. didn't like the prospect. Instead she asked for her slides, and looked at them. She then made a cast of her breast so she 'could be involved' with the cancer. She also told her doctor that she wouldn't accept his recommendations. Instead, she started to research the situation and heard about Gerson. At one point, she happened to be waiting in line at a supermarket when she heard a lady report about a patient who was helped by the Gerson Therapy. She then borrowed the Gerson videotapes and decided to come to the Gerson Certified Hospital in Mexico. Being a struggling artist, she had no money. Also, because she is a public figure, she felt restricted. However, she was able to borrow money and went to the hospital.

Now, in March of 1999, she states that she has been 'clear' for quite a while. The lump in her groin, too, is gone and her breast seems normal. She leads a busy and unusually productive artist's life. She has better energy and her digestion which had always been poor, is now normal and she no longer suffers from indigestion. C.S. also used to have sudden need for sleep in the afternoons. She now has steady energy.

She had little, if any, family support. Her friends and her family never knew of her problems. With the help of a boyfriend and a brother, she took care of herself.

"Detoxing and rebuilding was a profound, spiritual experience and I had the feeling of coming back" she says.

Sandi Stewart: Another Successful Recovery

At just 33 years of age, Sandi noticed pressure in her head and started to suffer from severe headaches and vision problems. At the time, she had just gone through a divorce and was left to care for her four children. In

order to earn a little extra and to be able to afford an eye examination, she did some office cleaning for the ophthalmologist.

The likely diagnosis was a brain tumor but Sandi did not have surgery and therefore no biopsy. She was unwilling (and unable) to submit to x-rays and surgery but found out about nutritional healing and came to the Gerson Certified Hospital in Mexico - some 17 or 18 years ago.

Already at age 13, she had been diagnosed with Hashimoto's disease and rheumatoid arthritis (both so-called auto-immune diseases).

Sandi stayed on the Therapy strictly for some time and never really went off it. She is still eating all the right foods and two of her kids are, too. The other two objected - but when they had health problems, they came back to the Therapy.

Sandi had a large benign uterine tumor last year (leiomyoma) which was removed with her uterus. Her "auto-immune" diseases are in remission. She is not totally well, however, and the reason may well be that she is unable to obtain organic vegetables in her area. The commercial foods are not keeping her well, and she is also complaining of colon spasms.

I believe that a little basic care will overcome her problems entirely.

Sonya Travis: Endometriosis Turns into Cervical Cancer for a Long-term Recovered Patient

About 20 years ago, Sonya spent two weeks at a Hospital in Mexico offering the Gerson Therapy. Unfortunately, in the fire that damaged a section of that hospital, her records were destroyed. Nevertheless, we still have her file and I run across her occasionally shopping for organic vegetables the same as I do. Her story started early on with female problems. Her menstruations were difficult, with heavy bleeding, often large clots. She was diagnosed with endometriosis and had a number of "D & C's" (scraping of the uterus) to remove endometrial plaque. Finally, about 35 years ago, she had an operation. The surgeon

removed one ovary and part of the other. Her extremely heavy periods with pain and large blood clots persisted. A Pap smear in 1979, showed cancer of the cervix. She also had 'atypical' cells in her blood. At that point she was scheduled to have a total hysterectomy. She had 'lumps' in her breast and under her arm - but these were not further investigated or biopsied. [Since she had 'atypical' cells in her blood, these may well have been malignant.] Sonya declined the hysterectomy. She "did not want to go that route". She investigated some alternatives and started with fasting and changing her diet. Many years earlier, she had heard Charlotte talk. At that time she decided that if ever anybody in her family had cancer, she would do the Gerson Therapy. So she went to a Hospital in Mexico that offered it.

In the course of her Gerson treatment, Sonya was surprised that she had some severe healing reaction in her stomach area, with difficulties eating, vomiting, and nausea. Then she remembered that an iridologist (an expert studying the iris) had told her some time ago that she had a good deal of scar tissue in her stomach and duodenum [possibly from earlier ulcers].

Sonya stayed on the Therapy for two years. She stresses that "never once did a bite of food enter my mouth that I should not have eaten." She has remained in good shape "ever since", has great energy, and leads an extremely busy life. She has aged par-

ents, her father is 91 and her mother is 87, and she also looks after her in-laws and grandchildren.

Four and-a-Half Year Recovery of Breast Cancer After Chemotherapy

Toxlay we were delighted to have a personal visit from V.T. In 1991, V.T. had a needle biopsy of a lump in her breast by a Phoenix physician. It was positive for cancer. She then underwent one year of chemotherapy. The last few treatments were largely preventive, since she was apparently in remission.

In September of 1994, she had a golf ball sized swelling in a lymph node on the same side. She did not wish to do any more chemotherapy but started the Gerson Therapy at home with some juices and coffee enemas. Nevertheless, in October she went to the Gerson Certified hospital in Mexico for the full treatment. She found that this visit was very valuable, since she realized that she had made some mistakes in her approach to the Gerson Therapy.

She tells that her swollen lymph node was gone in 9½ days. Of course she continued the treatment even though after about 2 months, she was able also to go back to work.

Now, 4½ years later, she states that she is still doing about 25% of the Therapy but she is also working full time. She looks and feels well, but has occasional periods of weariness. ●

Soy - Too Good To Be True

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cystine-rich meat, egg, or dairy products - not an option for Gerson patients.

To the soybean's credit, they do contain large amounts of beneficial omega-3 fatty acids, but these are particularly susceptible to rancidity when subjected to high pressures and temperatures. Unfortunately, high pressure and temperature are required to remove soybean oil from the soybean.

Before soybeans are sent to your table, they undergo a rigorous process to strip them of their oil. Hexane or other solvents are first applied to help separate the oil from the beans, leaving trace amounts of these toxins in the commercial product. Hexane by definition is, "any of five colorless, volatile, liquid hydrocarbons C₆H₁₄ of the paraffin series," and cannot be the least bit beneficial in anyone's diet. After the oil is extracted, the defatted flakes are used to form the three basic soy protein products. With the exception of full-fat soy flour, all soybean products contain trace amounts of carcinogenic solvents.

Personal Experiences

The following letter was received in November 1998: "I have used soy milk for 12 years with no problems. About 9 months ago, I started to have heart palpitations. I thought maybe that I was in menopause, but I wasn't. I added more potassium to my diet and magnesium and vitamin E. No change. I am already decaffeinated but I also took all sugar out of my diet. I lost 25 pounds and felt great except for the palpitations. I tried hawthorn and garlic but nothing was helping. Recently I came down with acute bronchitis and could only drink water because even the soy milk made me have horrendous bouts of coughing. I realized that after a few days my heart palpitations had stopped. I didn't think anything of it because it never occurred to me that soy was the culprit.

As soon as I started drinking it again, my heart went crazy. I went off it for a week and then changed brands. Within 30 minutes of drinking only 4 ounces

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Coming June 1st All New Look & Features for the Gerson Institute Online!

You will be able to enjoy many long-awaited improvements like:

- A complete Patient Support Network
- Secure ordering of books, videos & more...
- The Gerson Healing Newsletter Online
- Updated & expanded information
- Up-to-date worldwide lecture listings
- Easier navigation
- and much, much more!

www.gerson.org

Heart Disease

By Charlotte Gerson

A few days ago, an alert and interested *Newsletter* reader sent me an important clipping from the *Bucks County Courier* (PA). This gentleman was aware of our long term connection with the famous heart specialist, Dr. Demetrio Sodi Pallares, of Mexico City. Dr. Sodi, as he is known, was a speaker at the San Diego 1981 convention in celebration of the 100th anniversary of Dr. Gerson's birth. At that time, he discussed the therapy he designed for the treatment of heart disease which resembled the Gerson Therapy. He had discovered that heart disease was not a local disease of the heart but a metabolic disease, based mainly on the loss of potassium from the body and the penetration of sodium into the tissues. This is almost identical to the underlying theory of the Gerson Therapy. The big difference between his ideas and those of Dr. Gerson, is that he used this high potassium treatment exclusively for heart patients - while Dr. Gerson discovered long ago that the high potassium low sodium Gerson Therapy is the basic treatment for all chronic diseases. Dr. Sodi published more than a dozen books and several hundred scientific papers showing the success of his high potassium treatment for heart disease.

One of the techniques Dr. Sodi developed was the use of an intravenous "GKI" solution. Together with French research physician, Dr. Henri Laborit, Dr. Sodi found that it is quite easy to rapidly infuse potassium into the blood stream and tissues by using a solution of glucose, potassium (chemical symbol: K) and insulin, "GKI". The glucose and insulin provide the energy needed to transport the potassium across the cell membrane into the tissues. Meanwhile, the Gerson physicians have also found this GKI intravenous drip a very helpful adjunctive to the Gerson Therapy.

The clipping I received came from the *Bucks County Courier* of Wednesday, November 25, 1998 and was credited

to the Associated Press. Its headline is: "Heart attack treatment mull'd"; Dallas. And I quote:

"A long-abandoned heart attack treatment that is so simple and cheap that even Third World hospitals can use it is showing new promise and could save the lives of up to 75,000 U.S. patients a year, researchers say.

"A study conducted at 29 hospitals in Latin America found that patients given the intravenous mixture of sugar, insulin and potassium within 24 hours of experiencing heart attack symptoms had half the death rate of those who didn't get the treatment.

"The decrease in the death rate is dramatic - the largest reduction of just about any intervention that's been tried," said Dr. Carl S. Apstein, professor of medicine at Boston University.

"His editorial on the study appeared alongside the findings in yesterday's issue of *Circulation*, a journal of the American Heart Association.

"The so-called GKI treatment was first reported in 1962. But it was eventually discarded because of doubts about its effectiveness.

"Apstein said the treatment has the potential to prevent 75,000 heart attack deaths per year in the United States. An estimated 1.1 million Americans have heart attacks each year and about a third of them die.

"Newer heart attack treatments, such as clot-dissolving drugs, typically, cost hundreds of dollars per patient, compared with less than \$50 for GKI's."

I was shocked and angry that for one, Dr. Sodi and Dr. Laborit who developed the GKI drip for heart patients were not given any credit! Secondly, the treatment was supposed to have been "discarded because of doubts about its effectiveness" I believe that the doubts were caused by the fact that the treatment was cheap and effective and the hugely expensive bypass surgeries, angioplasties, heart transplants, etc. would no longer be needed. This would not please the

Continued ▶

Orthodox Medicine: Poor Excuses, Huge Machines, Bureaucracy and the Corporate Bottomline

By Charlotte Gerson

An interesting quote appears in the course of a book review written in the *JAMA* (*Journal of the American Medical Association*), Dec. 23/30 edition, Vol. 280; #24, p. 2129.

The quote:

"Someone once remarked when asked why medical care is so expensive, that 'all the easy diseases are gone.'"

I don't think that excuse flies. What about the common cold?, psoriasis, migraines, herpes? Not only that, but many of the 'easy' infections that used to be cleared up with antibiotics no longer respond to that kind of 'easy' treatment?

It is more likely that the huge, expensive diagnostic machines, X-ray machines, computers and MRI (Magnetic Resonance Imaging) being used, often to excess, are part of the reason medical care is so expensive. Another problem is the FDA (Food and Drug Administration) who require lengthy and extremely expensive testing before any new drug can be allowed on the market.

Yet another problem is discussed in this issue of the *Healing Newsletter*, about the use of the GKI drip (glucose/potassium/insulin) which is now acceptable for the underdeveloped countries because it is inexpensive! For the wealthy countries, one should still use the hugely expensive bypass surgeries...

The GKI drip has saved 50% of the patients who suffered heart attacks.

Why are the inexpensive techniques not 'recommended' for the U.S.? Why provide a safe, effective and inexpensive treatment when there is so much money to be made with a risky triple bypass operation!

Double-Speak

Exposing orthodox medicine's double-standard in discrediting cancer cures by 'alternative' methods

In our next Gerson Healing Newsletter

Heart Disease

heart specialists. It is interesting that they now use the excuse that the treatment could be used to help people who can't afford more and those who live in the Third World.'

News from the Journal of the American Medical Association on Heart Disease

In the *JAMA (Journal of the American Medical Association)* of December 16th, 1998, there is a lengthy article titled "Intensive Lifestyle Changes for Reversal of Coronary Heart Disease." Together with several of his associates, well known lecturer and health practitioner Dr. Dean Ornish, wrote the article. It was also under discussion by some six additional doctors and physicians.

It is important to note that the design of the experiment, namely "lifestyle changes", includes a 10% fat vegetarian diet, moderate exercise, cessation of smoking. Patients were also encouraged to avoid simple sugars and to emphasize complex carbohydrates and whole foods. There is no mention of salt intake or potassium supplementation.

There is an interesting reservation at the start of the experiment: the researchers (most likely NOT including Dr. Dean Ornish) doubted the likelihood of the patients to stay with the proposed lifestyle changes. To their great surprise, not only did the patients continue the 'experimental' diet, but they continued it for an additional four years so that, in the end, the test ran for a total of five years. The results, the comparison between the patients doing the 'lifestyle'

changes and the 'controls', those who followed the advice of their personal physicians, are remarkable. I am also impressed that the *JAMA* is publishing this information.

Some of the changes reported included that in the 'experimental' group, patients had a 91% reduction in reported angina attacks after only one year and a 72% reduction after five years. The control group had a 186% increase in reported angina attacks after only one year and a mild decrease after five years - due to heart bypass surgeries. (*JAMA*, Dec. 16, 1998, p. 2004)

Another symptom under discussion is the degree of stenosis (blockage of the arteries). In the experimental group, in five years, the improvement amount to an almost 8% decrease, while the controls showed an increase of blockage of just under 12%.

When the researchers studied the number of 'events' (this included heart attacks, bypass surgeries, hospitalizations and deaths) the experimental group showed 25 such events, while the controls had 45 events. It was again stressed that the patients on 'experimental life-style changes' maintained these over the period of five years, while the control group made changes.

This understanding should go far to help to explain why patients go for 'alternative' medicine: It works! They get better! So they stay with it.

I should like to add that the 'lifestyle changes' described in the article and proposed by Dr. Dean Ornish and associates are relatively mild compared to the Gerson Therapy. It also needs to be understood that on the full Gerson Therapy, we have seen total regression of arterial plaque: the arteries become 100% clear in much less than two years. ●

Soy - Too Good To Be True

continued from page 7

[of soy milk], my heart was all over the place. I've noticed that it takes about 24 to 36 hours for my heart to settle down. I wondered if your research turned up anything like this in regard to soy. I know it is not within the definition of an allergy, but something is definitely going on. I called the manufacturer of the soy milk, but they were of no help. I am very upset because I only drink soy milk and water. I also use the soy milk to make protein shakes (with what else...but soy protein)."

In our November/December 1996 issue of the *Gerson Healing Newsletter* we described another case: a pregnant lady who looked very ill and was terribly deficient! She also described her son, age five, who had many allergies and infections - both were using a good deal of soy in their diet. I recommended that they discontinue the use of all soy products. At the time, I had only just run across this situation. However, a year later, I was in the same area for a lecture, and the lady invited me to dinner. She had cut out all soy products: her skin was now rosy, her face filled out, her sunken eyes normal, her black circles gone and her little boy, now six, was in greatly improved health.

Just last week, another interesting story came to our attention. A patient at the Gerson Certified Hospital in Mexico told us of her son, now 25, who has total lack of hair (Alopecia) with the exception of eyebrows and eyelashes. She added that this started when he was just three years old. Since the mother asked me about this situation, I considered the problem for a moment. Then, looking at the parents who both have normal hair, I figured that the boy's problem was most probably not genetic. So, I asked the mother if he used a lot of soy. She said, no. But then, after thinking about the question for a moment, she said that at about one year of age, the boy had many allergies, so she regularly fed him soy milk! I explained to her that the enzyme and nutrient blocking ability of soy and the likelihood of the soy milk being the cause of his condition start-

Continued on next page ▶

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Canada - Contact Jacqueline Scanes in Burlington, Ontario Tel. 905-634-2457

Australia - Contact Stella Ashton in Sutton, NSW / Tel. 61-623-03447

Australia - Contact Rusanah Alston in Warrandyte, Victoria / Tel. (61) 398-444471

England - Contact Lesley Pearce in Surrey, England / Tel. 137-281-7652

USA - Contact Susan Menke at The Treehouse in Farmington, MI Tel. 248-473-0624

USA - Contact Cheryl Cohen in Pleasant Hills, CA / Tel. 510-933-2646

To have your own personal or business classified listing here in the Gerson Healing Newsletter, just contact Steven Walden at:

(619) 585-7607 ext. 108
or e-mail: steven@gerson.org

Soy - Too Good To Be True

continued from previous page

ing at age three. Since we had just witnessed the ease of a patient whose hair grew back on his bald pate, (See "Practitioner Training" article in this issue) after being bald for some 20 years, I cautiously suggested that a complete change of diet accompanied by intensive detoxification, may be able to overcome the problem.

Sources for "Soy: Too Good to be True" Part 1 and Part 2:

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Soy Protein Council, <http://www.spcouncil.org>

"Jeopardizing the Future? Genetic Engineering, Food and the Environment", by Dr. Michael Hanson and Jean Halloran (Consumer Policy Institute / Consumers Union), <http://www.pmac.net/jeopardy.html>

"Monsanto Genetically Engineered Soya has Elevated Hormone Levels: Public Health Threat" (Oct. 1997), <http://www.holisticmed.com/ge/warning.html>

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"Concerns Regarding Soybeans", <http://www.rheumatic.org/soy.htm>

Part 2 of this article will appear in the next issue of the *Gerson Healing Newsletter*, Vol. 14, No. 4

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