

IN THIS ISSUE

Charlotte's Corner
A Textbook Case

page 2

Sinfully Sweet?
Stevia Extract: Part 2

page 4

Prevention Lifestyle
By Walter J. Urban, Ph.D.

page 5

Protein and Healing
A Continuing Series

page 6

Heart to Heart
News and Updates from
Client Services

page 8

- 9 A New Gerson Book!
The Gerson Therapy
- 10 Relocation Fund Update
- 11 Gerson Institute
Supporters
- 11 Membership Form
- 12 Lecture Schedule

The Gerson Therapy on the Internet

The New Positive Tone *By Charlotte Gerson*

It has long been known that new ideas are mistrusted. This is especially true when it comes to medicine where new concepts are questioned and attacked. For example, Harvey was ridiculed when he assembled a microscope and observed blood circulation. Semmelweis was likewise mocked when he asked that young doctors "wash their hands" before doing internal examinations of young mothers who had just given birth. The doctors had

infected hands after dissecting corpses yet it took 30 years before hand washing was adopted! Pasteur, Lister and Flemming were also disbelieved and attacked. And, of course, Dr. Max Gerson belongs in that honorable group.

The most serious problem of the Gerson Therapy is that it not only requires changing of one drug or one procedure — it requires a whole new philosophy of medicine. Dr. Gerson proved that a doctor

Continued on Page 3

Warm Wishes to all our Members from the Gerson Institute Family!



One of us will always be able to help you with your Gerson Therapy needs. **Never hesitate to call.** Above, back row, from left to right: Sharon Murnane, RN, HNC, Director of Gerson Therapy Programs; Paula Spangenthal, Office Manager; Blanca Ayala, Client Services Representative; Denise Young, RN, BSN, Clinical Records Assessment; Kristina Wylie, Executive Assistant; Rufino Pelonia, Shipping Clerk; Nan Southern, Client Services Representative; Front row from left to right: Yanira Elizabeth Zablah, Office Assistant; Andrew Printer, Executive Director; Alysa Nguyen, Client Services Representative. Pictured at right: are Charlotte Gerson, Founder and Liz Sherwood, Administrative Assistant.

GERSON HEALING NEWSLETTER

Vol. 16, No. 3, May/June, 2001

EDITORIAL STAFF

Charlotte Gerson, Founder

Andrew Pinter, Executive Director

Kristina Wylie, Executive Assistant

Bryan Winkle Design, Layout & Illustration

BOARD OF DIRECTORS

Mark Bruce, M.B.A., B.S., President

Ernie Becenil, M.A., D.C., Vice President

Sheila Kendra, RN, BSN, L.Ac., Secretary

Shirley Tice, Treasurer

Walter J. Urban, Ph.D.

Jane Mahos

MISSION STATEMENT

The Gerson Institute is a nonprofit organization dedicated to the healing and prevention of chronic and degenerative diseases based on the vision, philosophy and successful work of Dr. Max Gerson.

VISION STATEMENT

Giving an effective option for enhanced quality of life in harmony with nature, for ourselves and future generations.

BECOME A MEMBER!

The Gerson Healing Newsletter is published on a bimonthly schedule (6 times per year) by the Gerson Institute. It is our membership lifeline, and is intended to keep both our members and the general public informed of various health issues. Turn to page 11 in this newsletter for information on becoming a member of the Gerson Institute. Membership Form, page 11.

Please address all letters and comments to:

The Gerson Institute

c/o Gerson Healing Newsletter

P.O. Box 430, Benita, CA 91908-0430

tel (619) 585-7600 fax (619) 585-7610

MAIL@GERSON.ORG

© 2001 Gerson Institute

WWW.GERSON.ORG

CHARLOTTE'S CORNER

A Textbook Case

By Charlotte Gerson



In January 2000, Pat Y. was admitted to the Gerson clinic at the Oasis Hospital in Tijuana, Mexico where she presented the following history:

In 1981, 2 years after the birth of her 3rd (and last) child and the terrible stress of having her home burn down, she noticed a lump in her breast. At first her doctor reported that it was benign, however, a few days later a biopsy proved the lump was malignant and a mastectomy was performed followed by one year of chemotherapy. Pat remembers that she received 5FU, methotrexate plus cytoxan in a chemotherapy "cocktail".

From 1982 through 1998, all seemed well. Yet serious difficulties in her marriage and an impending divorce created another period of extreme stress in her life. While taking a bath in January of 1998, she noticed a mole on the back of her knee. Due to her troubled state of mind, she paid no further attention to it until March of the same year when she felt swollen lymph nodes in her groin. Her doctor could not offer a specific diagnosis, but instead sent her to a dermatologist to examine the mole.

The dermatologist suspected melanoma and urged removal and biopsy. Pat had a lymph node dissection in March, by surgeon Dr. Alvin Zook, and a biopsy of the lymph nodes confirmed melanoma. The dermatologist, Judy Knox, removed the 'mole' from the back of her knee and sent it to the Richfield Laboratory of Dermatopathology in Cincinnati where results verified malignant melanoma.

Pat started the Gerson Therapy in January of 2000, somewhat

modified due to her prior chemotherapy treatment.

At the end of June, just 6 months after the start of the Gerson Therapy, Pat's story becomes most important. Patients with a history of chemotherapy treatment expect a 'healing reaction' (flare-up) of the chemo about 6 months after the start of the Gerson Therapy. Right on time, Pat had frightening symptoms: extreme weakness, depression of her bone marrow (low red blood count), a new lump in her nose behind the eustachian tube (ear canal), severe difficulties breathing, and swelling in her leg (below the lymph node dissection in her groin). Naturally, she panicked.

This is what happened: even though Pat was given chemo some 20 years ago, after six months of detoxification by the Gerson Therapy these poisonous drugs were released causing renewed chemo symptoms such as depression of her bone marrow, a drop in her red blood count and extreme weakness. Also, with the renewed depression of her immune system from the toxins, she developed a new lump (it was removed) behind her nose. Regarding her 'difficulties breathing', it turns out that Pat had many ear infections that turned into pneumonia between the ages of 3-5 years. These previous infections and damage to the lungs and ear canal also flared up during the healing reactions — but there was clearly no fluid (nor new melanoma) in her lungs since the symptoms subsided in about 5 days. Her strength returned and she is carrying on with the Gerson Therapy.

can heal rather than suppress symptoms by drugging the patient. He showed that the entire metabolism as well as the entire person — physical, mental and emotional — can be healed.

This concept seemed so new that it shocked the established medical orthodoxy, but in actuality Dr. Gerson's ideas revert back to those of the ancients who said, "let food be thy medicine and medicine be thy food." The problem is that the establishment was not only shocked, but was immediately aware that this new medicine would not produce the obscene profits to which they had become accustomed.

Using food as medicine could not possibly be profitable: carrot juice could not be patented. Not only that, but doctors found it below their 'dignity' to prescribe food. They felt that this activity belonged in the kitchen; they were not cooks. A similar cry went up when doctors were first introduced to the idea of becoming obstetricians. It was not a field for serious scientists; it was the place of midwives. In time, however, they found ways to make it financially attractive to examine pregnant women, to increase the use of cesarean deliveries and to make good money and 'be in charge.'

Natural healing presented many more problems. Neither nutrition nor biochemistry was taught in medical schools. Doctors learned to treat symptoms with an ever-increasing number of drugs — none of which produced true healing. For many decades, nutrition as a mode of healing was violently attacked. It was called 'quackery,' 'unscientific' and even 'fraudulent.' For example, in the US the Gerson Therapy was placed on the "Unproven Therapies List" of the American Cancer Society which is equivalent to a blacklist. After Dr. Gerson presented 5 patients to a Congressional committee who had been sent home to die by orthodox

medicine and were cured by the Gerson Therapy, an article appeared in the November 16th, 1946 issue of JAMA (*Journal of the American Medical Association*) stating, "Fortunately for the American people this presentation received little, if any, newspaper publicity."

Some 3 years later, in the January 8th, 1949 issue of the JAMA, Dr. Gerson's treatment was published under the heading of "Fraud and Fables." It is difficult to guess how many thousands of cancer patients died because this proven treatment was suppressed by orthodox medicine.

Nutrition became the basis of almost all of alternative medicine,

*We are winning,
the people are winning,
and in the not too
distant future,
alternative medicine will
be practiced by more
health professionals,
including physicians.*

not always with the Gerson name attached to it. In response, the AMA (American Medical Association) organized a group called "The Council Against Health Fraud", whose major stated aim was (and still is) to wipe out "alternative medicine" (Health Fraud). That term includes nutrition, chiropractic, homeopathy, acupuncture, reflexology, and more.

However, the public cannot be deceived forever. People are more and more aware that orthodox medicine doesn't work; they don't get well. They see their friends, their neighbors and eventually their loved ones treated with heavy

drugs, suffer and die. And they hear about healing by alternatives. In 1998, according to a study by Exeter University, published in "Here's Health," there were already more practitioners in the UK using alternative treatments (39,800) than regular practitioners (36,200).

In June of 1997, the "Council Against Health Fraud" had a meeting in Dallas, Texas to teach doctors how best to wipe out alternative practitioners. However, (and I have a copy of the protocol) at the very end, Dr. Wallace Sampson, MD, told the audience that already over 50 medical schools offer elective, for-credit courses on alternative medicine. A doctor named Alpert warned, "alternative medicine should not be condemned out of hand," and cautioned doctors to avoid arrogant attitudes toward alternative medical practices because, "one might be embarrassed by the subsequent demonstrations of their clinical efficacy." This statement accuses the doctors of both arrogance and of rejecting alternative medicine while fully understanding its merits.

Things are changing. The latest information concerning the Gerson Therapy on the Internet (1999) is credited to the University of Pennsylvania and produced in the form of an "NCI Fact Sheet on the Gerson Therapy." Not only is it factual and neutral, it's partly even positive! We are winning, the people are winning, and in the not too distant future alternative medicine will be practiced by more health practitioners, including physicians. The Gerson Therapy will be at the forefront.

It is especially interesting to note that the above fact sheet also describes the Gerson Therapy as having been used to "treat cancer and other diseases"...[italics mine] with dietary factors in restoring health and well-being".

SINFULLY SWEET? *By Linda and Bill Bonvie*

Stevia is a natural, non-caloric sweetener that the FDA refuses to allow marketed as a food additive. The article is abridged for our newsletter purposes.

It was Moises S. Bertoni, an Italian botanist, who first described stevia in 1899 — and in somewhat greater detail in 1905 — having initially been told some years before about a “very strange plant” known by indigenous Indians and guides in the forests of Paraguay as kaa-he-e. Among his observations was this one published in December of 1905: “The fact is that the sweetening power of kaa-he-e is so superior to sugar that there is no need to wait for the results of analyses and cultures to affirm its economic advantage.”

Clearly, today’s FDA does not share Bertoni’s opinion — and to understand why stevia remains in bureaucratic limbo, one must understand something of the agency’s labyrinthine logic. The specific “problem” cited by the FDA in issuing its import alert for stevia is the fact that it considers the herb an “unsafe food additive.” Under laws passed nearly forty years ago amid concern over the use of chemicals in food, any substance deemed a food additive must undergo extensive and costly scientific study. Since 1970, the agency has approved only five major new additives, two of which are artificial sweeteners: aspartame (NutraSweet) and acesulfame K (Sunette).

“Stevia has a political problem,” observes the Herb Research Foundation’s McCaleb. “The FDA took action against stevia not based on any proclamation by FDA toxicologists or consumer complaints, or any factor other than a

trade complaint—that is, a complaint from a company that did not want stevia on the market and told the FDA to get it off the market.” And while the FDA may be less than forthcoming about the identity of that company, others who were stopped from marketing stevia say they believe they know who it might be.

In 1985, Kerry Nielson was director of operations at Sunrider International, a nutritional-products firm then based in Utah, when, as he tells it, “our first problem came” in the form of a trademark infringement complaint filed by NutraSweet against a Sunrider item called Trusweet, which contained stevia-leaf concentrate.

“They were serious about it,” he recalls. “We were selling it as a natural sweetener, just like you would sell sugar. We didn’t think we were really infringing, but this was a cease-and-desist deal. We thought, ‘We’re just a little company; how in the devil are we going to fight this thing?’” Rather than do so, the company agreed to change the product’s name to Sunectar, “and we thought, Well, neat, that’s the end of that.”

But it wasn’t the end of Sunrider’s legal problems with stevia. Not long afterward, Nielson says, the US Department of Agriculture was knocking on the company’s doors. “I thought it was strange,” he said, “because they asked specifically to see the stevia,” whereas previously “they would just go through and have a look at everything. . . . When we took them over to the area where we had the stevia, the inspector dug out a bunch of red tags and started slapping them on everything.” The stevia was embargoed and the company was instructed to cease and desist from any further production.

When asked what the problem



with the shipment was, the inspectors replied “suspicion of adulteration,” but declined to elaborate. Since that usually means contamination by mouse droppings or insect parts, says Nielson, “I thought it was curious that they didn’t take any samples with them. We then commenced to get lawyers to try and figure out what the real problem was.” It was an attorney based in Washington, D.C., according to Nielson, who eventually provided the company with some insight into the situation.

“Apparently, he had worked in the FDA” and “had nosed about and asked some questions . . . as if he was going to invest in a company that was going to sell a stevia product. The word he got back was ‘don’t invest, there is a lot of pressure on stevia.’ He called us back and said, ‘I think you’ve got a problem here.’” Such pressure, Nielson believes, could only have emanated from two sources — the sugar industry or G. D. Searle, the makers of NutraSweet. And, he notes, “we had already made the rounds with Searle.” But not wanting to take on either, Nielson says that Sunrider decided it would reformulate its stevia sweetener into a skin-care product, in which case “they [the FDA] should have no beef with us.”

The FDA, he notes, agreed to go

along with that use, showing that the problem really "had nothing to do with adulteration." Around the same period, Jim May's Arizona-based herbal products firm, Wisdom of the Ancients, was also getting a lesson in the politics of stevia.

As May tells it, he had actually presented samples of a product containing stevia leaf to FDA officials to make sure he had a green light to import it. "They said, 'Sure, no problem — as long as it was in the form of the pure leaf or liquid concentrate, and not the refined extract, stevioside.' Then, in 1984, they called me into their office in a very friendly manner, and the guy basically said, 'Jim, I really hate to do this, and we have put it off as long as we can because none of us here wants to do it. But the Washington office has demanded that we stop you from importing your stevia concentrate. . . . We're not telling you there's anything wrong with it [or] that anybody's

had a problem. There's no complaint other than the NutraSweet Company; they are the ones who complained that you are selling a natural sweetener that hadn't had to go through all the testing and so forth.'

"He told me it was NutraSweet that had filed the complaint with the FDA. Whether it was written I don't know, but they went in and demanded it be removed. He said, 'Jim, if you'd be willing to stop importing it, there will be no written paperwork, it will be just verbal between us, nothing in your record that you've done anything improper.' At the time I was only selling maybe \$100 or \$200 [worth] a month . . . it wasn't worth any kind of a hassle with them," says May, who now offers a variety of stevia supplements and cosmetics.

When asked if the FDA has been in any way pressured by NutraSweet in any of its actions against stevia, Rulis says he has "no knowledge whatsoever of any

influence, so to speak, from aspartame producers in this regard." And Richard Nelson, a spokesman for NutraSweet, says he is unaware "of any pressure we have put on the FDA regarding stevia." "Show me some evidence," he adds.

Today, says Nielson, "I wouldn't trust NutraSweet as far as I can throw a barrel of it." And while the selling of stevia tea might be akin to "spitting in the ocean" when compared to the marketing of aspartame, it's his feeling that the idea is to "kill it while it's little, before it has a life." The entire episode, in fact, is one that has caused Nielson to lose his faith "in whatever I thought the FDA did for us. I felt it had nothing to do with the safety of people and everything to do with economics . . . I had one guy from the FDA tell me—and I guess what really soured me was that there was a certain arrogance—that if we wanted to make carrots [be] against the law, we could do it."



By Walter J. Urban, Ph.D.

"Lifestyle" is everything you think, feel and do twenty-four hours a day. We want to have a healthier, more satisfying and fulfilling life. To achieve this there are many things we need to do, some of which we need to become aware of.

Regarding those things we are aware of, we often are unable to put them into practice on a daily basis for a variety of reasons. For example, we know it

is better to chew our food well rather than wolf it down. It is better to breathe deeply from the diaphragm rather than take short, shallow breaths. It is better to allow enough time to do things rather than creating pressure and stress.

The goal of "The Prevention Lifestyle" is to help us become more aware of how we live, understand and evaluate those areas in which we choose to improve and why we are having difficulty in doing so. We can also learn steps that we can take to change our daily behavior toward a more positive direction.

In this column, I will discuss a variety of topics aimed at improving our lifestyle. How we think and our attitude are very important in terms of our ability to benefit from the issues that will be

discussed. Our thoughts and attitudes affect us on all levels: mentally, emotionally, physically and spiritually.

Take a look at yourself (your thoughts and attitudes) regarding your lifestyle, and ask if you want to become more conscious of how you choose to live, to evaluate it, and to take the responsibility for changing it to a more positive and healthy format.

This column is the first in a regular series reprinted with the permission of Walter J. Urban, Ph. D. The column first appeared in the Annals of the American Psychotherapy Association. Dr. Urban is on the Advisory Board of the American Psychotherapy Association and he is a Member of the Board of Directors of the Gerson Institute.

THE PREVENTION LIFESTYLE

Protein and Healing By Kathryn Alexander

Why you can't heal on a high-protein diet.

A CONTINUING SERIES

Let's start at a point where 20th century science catches up with the old healing techniques of the preceding centuries. This brings us to the work of Dr. Max Gerson. For those of you unfamiliar with Dr. Gerson's work, he was a physician working until the time of his death in 1959, with chronic degenerative disease and cancer and he developed a specific regime of detoxification which remains unsurpassed to date. Dr. Gerson observed and recorded that on a low sodium/high potassium diet (vegetable juices, fruits) the kidneys eliminated high amounts of sodium and with this tissue oedemas reduced, tumours started shrinking and the patient started healing. (Sodium is always elevated in damaged/diseased tissues and is the most fundamental enzyme inhibitor. A damaged cell, swollen with sodium and water, cannot oxidize but sinks into fermentation, throwing out more toxins which then damages adjacent cells and the condition perpetuates). In cancer, Dr. Gerson noted that supplementing with a specific mixture of potassium salts (potassium acetate, gluconate and mono-phosphate) in the vegetable juices that the elimination of sodium was increased and healing accelerated. However, he noted that the inclusion of protein in the diet reduced sodium elimination, retarded detoxification and slowed the process down. In fact it is impossible to reduce sodium levels in the body on a high protein diet as the more acidic waste you produce from a high protein diet, the greater the amount of sodium reabsorbed by the kidneys.

Dr. Gerson also found that in cancer dietary protein stimulated tumour growth and that patients with a higher protein intake could not be saved. We have more corroborating information on this

through the work of Thomas Tallberg (M.D. Helsinki University) who has isolated certain amino acids (building blocks of protein) as growth factors for specific tumours. Of course the suggested scientific answer to this is to amend the food through genetic modification i.e. genetically modify non-pathogenic bacteria to induce them to consume these specific amino acids in foods.

Dr. Gerson also noticed that when he restricted dietary protein the immune profile changed — the white T cell count went up. This is the branch of the immune system which fights tumours, viruses and

We have discovered that protein restriction in patients with auto-immune disease often leads to remission of that disease.

fungi and generally reinforces the whole immune response. With the oedemas shrinking from around tumour sites (indeed any damaged tissue), the blood supply along with a heightened immune cell profile can access the damaged area and start the healing process. After 6-12 weeks Dr. Gerson recommended the addition of 200g of non-fat yoghurt or 100g of no-fat/no salt pot cheese to the diet which was sufficient to keep the immune system intact. Severe dietary restriction of protein for a prolonged period can have an adverse effect on the immune system — so just enough had to be supplied to maintain the immune system and yet not inhibit detoxification.

We have also discovered that protein restriction in patients with

auto-immune disease often leads to the complete remission of that disease. The work of Dr. Robert Good using dietary restriction of protein and calorie in animals supports the fact that in genetically determined diseases (SLE — systemic lupus erythematosus) if such a diet is implemented at weaning then the animals did not go on to get the disease; or those who were left to develop the disease went into regression upon the initiation of the restricted diet. Dr. Good went on to replicate these findings in mice who were genetically predisposed to mammary tumours.

So we come to the question how much can a high protein diet be blamed for the rising incidence in chronic disease? Obviously this is only one factor in the whole toxicity/deficiency debate — but what is clear both from my own experience and through recorded data is that high protein diets inhibit detoxification and healing.

There is a further debate on "cooked" versus "uncooked" protein. There is some protein in most foods — in animal meat we are looking at around 20%; in raw grains 12%, raw legumes 25% and nuts, 20%; in vegetables around 2% and in fruits 0.5 - 3%. (The actual protein content of cooked weight grains and legumes when they have "swollen" with water is reduced by two-thirds: therefore legumes are 8% and grains between 4 - 8%). When protein is heated or when foods are preserved through pasteurisation or the addition of vinegars/acids then the protein structure changes its shape. Observe what happens to an egg white when cooked, or to raw fish soaked in lemon juice - you can visibly see the transformation. The protein has straightened out from its normal globular form. The digestion of

altered protein does not pose too much of a problem for a person with a strong digestion (provided that it is taken in moderation); but as we get older or if we become sick or show symptoms of an impaired digestion (bloating, flatulence, heart-burn/indigestion, irritable bowel syndrome, allergies) then this altered protein can and will cause problems. The body's digestive enzymes can digest protein in its globular form because it has a recognisable shape so the enzyme fits like a lock and key and "opens" the protein breaking it into single amino acids. I describe the digestion of protein like the eating of a foreign language. The words need to be broken down into their single letters before the body can recombine them into your own language. If these proteins are only partially broken down then you get foreign protein (or words) entering the system. These are toxic, they are foreign and the liver has the job of mopping them up and dealing with them. If the liver cannot cope they enter the systemic circulation and set up inflammatory reactions in the tissues and joints. Inflammatory diseases are often aggravated by cooked protein which is why the raw food diet is advocated in so many of these cases.

So while we can promote low protein diets, we can also say that protein taken in its raw form may not be a burden on the system. Dr. Gerson used the juice of raw veal liver (it had to be fresh, not frozen - no more than 48 hours old - so that it was replete with living enzymes), the equivalent of 750g of raw liver juiced daily and found that patients responded better to the therapy. Nowadays we cannot use the raw liver with safety because of the risk of cross contamination in the abattoir from campylobacter, an infection of which would be disastrous to the immuno-compromised patient.

Although a detoxification therapy is predominantly raw (the huge volume of juices consumed which

must be prepared fresh, hourly) some foods are cooked. On a diet therapy it is important that the patient is able to digest their food and absorb the nutrients. It is very important to understand that a weakened digestion can be over-powered with raw foods; the

How much can a high protein diet be blamed for the rising incidence in chronic disease?

patient will not digest such foods and not extract the nutrients and the condition will worsen. Therefore juicing of raw fruits and vegetables and cooking of others becomes essential. The removal of all the fibre in juicing minimizes the digestive burden and the nutrients from the juice can be absorbed easily. The patient can then consume vast quantities of minerals and enzymes without having to eat the whole amount. The slow cooking of vegetables and potatoes and oatmeal does not pose the problem of cooked proteins as the protein molecule is less damaged by slow cooking but also the protein content of foods required is minimal (only 2% in vegetables). The bonus of cooking is that the carbohydrates become partially digested. The long carbohydrate chains are reduced to shorter chains and glucose thereby lifting the burden of digestion. You can tell this by the sweeter taste of most vegetables in their cooked state to their raw state.

Many people who have an apparent digestive intolerance of carbohydrates (bloating, flatulence, diarrhoea) will opt for the high protein diet to manage their symptoms but it is worth remembering that the digestion only

becomes impaired as a consequence of general nutritional deficiencies in the body brought about by poor quality foods and poor eating habits over a long period of time. As the gut has one of the highest rates of tissue turnover/renewal, symptoms will usually manifest here before anywhere else in the body. Unfortunately this is a vicious cycle — the more compromised the digestion becomes, the lower the general integrity of the entire body and over a long period of time the body will become weaker giving way to chronic disease. The local symptoms manifest as carbohydrate intolerance (bloating, flatulence) as these are the specific symptoms of fermenting, undigested sugars in the gut. However, poor digestion is not exclusive to carbohydrates as many believe. If you are not digesting your carbohydrates then you are not digesting your proteins but you will not have the uncomfortable local symptoms from the partial digestion of protein in the gut — hence by removing carbohydrates and increasing protein your symptoms of discomfort will abate. But bear in mind that you may be setting yourself up for deeper problems associated with the high protein diet: excessive burden on the liver and kidneys, gradual accumulation of sodium and fluid in the tissues which "drowns" the cell and inhibits its activities and the potential problem of "cooked" proteins and the onset of inflammatory disease.

Kathryn Alexander is a former member of the Board of Directors of the Gerson Institute. She has completed both Phase 1 and 2 of our Practitioner Training Program.

Heart To Heart

NEWS AND UPDATES FROM CLIENT SERVICES

As you can see, there are five hearts representing our wonderful and growing staff. Since I became the Director of Gerson Therapy Programs in November, it has been an exciting journey to help coordinate this long standing and dedicated department. As many of you know, ♥**Blanca Ayala** and ♥**Nan Southern** have been educating, servicing and nurturing clients and patients for many years. We have been patiently waiting for the time when more help for more programs and progress would become available. Happily, I can report that under the fine guidance of our excellent executive director, Andrew Printer, this moment has arrived.

I will take this opportunity to introduce two new employees: ♥**Alysa Nguyen** (pronounced "win"), a bright and talented young lady, with a degree in physiology, has already become an expert at organization in our Client Services Department. She is assisting with the development our expanding "Speaker's Bureau" and the creation of new programs to support all Gerson patients and their caregivers. Alysa has learned an enormous amount about the Gerson Therapy in a very short time. She is gentle, very helpful and comes to all of us with a wonderful health-minded philosophy and lifestyle. You are likely to see and speak with Alysa as we continue to "get the word out" about the Gerson Therapy!

♥**Denise Young, RN, BSN**, Holistic Nurse joined the Institute on a part time basis to review medical records, educate and guide clients and their families about the choices they face. Often these choices are made at very critical times when crisis is the word that comes to mind. She has

twelve-years of nursing experience that have made her very knowledgeable. Her ability and attitude is that of many holistic nurses: sincerity, conscious listening (your concerns will be heard), support for the choices you wish to make and advice with the patients' highest safety in mind. A member of the American Holistic Nurses Association, Denise is a wonderful, like-minded colleague who will serve clients, patients and



Gerson Institute speakers at the Women's Expo in Pasadena. (left to right) Sharon Murnane, Shirley Tice, recovered patient and Board Member, and Carol Beard, profiled in our last issue.

the Gerson Institute well. She is currently pursuing a graduate degree in Community Health.

And speaking about getting the word out, we have just returned from a wonderful visit and lecture at the "California Women's Expo" in Pasadena. Our booth was lively, colorful and busy! Our lecture

room was full to hear from a trio of speakers: Carol Beard, our wonderful volunteer; Board Member Shirley Tice, who spoke about her recovery from breast cancer; along with yours truly, explaining and talking about the numerous merits of the Gerson Therapy. We networked with many people, introducing the Gerson Therapy to some while guiding and supporting others already familiar with Gerson protocol. Prevention is coming more and more into the forefront these days. What better way to maintain balance, harmony and health than with the Gerson Therapy!

These are exciting and important times as the face of health care slowly begins to change. Dr. Max Gerson knew what had to be done half a century ago. We know how tirelessly Charlotte Gerson has worked as teacher and role model for all of us to keep her father's therapy alive and well. We in Client Services wish to help continue this dedicated effort.

Watch for more news and departmental updates in this regular column.

Thanks to all of you for your support. Sincerely, from the Heart and with Spirit!

♥**Sharon Murnane, RN, HNC, CHTP**, Director of Gerson Therapy Programs

1/2 Price Damaged Book Sale!

A Cancer Therapy
Was \$19.95
Now \$9.99

Prices do not include shipping & handling charges. Availability is limited to stock on hand. When ordering YOU MUST MENTION YOU WANT A DAMAGED COPY to get this deal. This sale is only being advertised to you, our Healing Newsletter subscribers. If you know someone in need of these titles, let them know about the sale.