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The Gonzalez Test *By Charlotte Gerson*

NIH Awards Grant to Dr. Nicholas Gonzalez

Over the angry protests of the medical establishment, the National Institutes of Health (NIH) awarded a grant of \$1.4 million to Dr. Nicholas Gonzalez of New York for the purpose of comparing his enzyme/nutritional therapy with the best chemotherapy treatments presently available for pancreatic cancer. Pancreatic cancer is rapidly fatal in most cases with survival of 6 to 9 months. Five year survival is rare; more than 80% of the patients die within the first year. Orthodox medicine claims that less than 4% of patients survive five years, but according to an article published by the prestigious *New Yorker*

Magazine of February 5, 2001, this seems untrue: "In the largest study undertaken by the National Cancer Institute, none of the 126 patients treated with chemotherapy survived more than 19 months." In that case, how can they claim 4% five-year survival rate? It seems to be a major exaggeration since, admittedly, not a single patient survived over 19 months! Four percent of 126 should equal 5 patients alive at 5 years.

Dr. Gonzalez studied medicine at Cornell University Medical Center in New York City and apprenticed under Robert A. Good, a famous and much published immunologist

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Gray's Story

By Janet Robinson

In October 1995 my husband, Gray, was diagnosed with Non-Hodgkins Lymphoma at the age of 38. At the time our children were 13, 10 and 8 and we had been in the U.K. for 5 years having emigrated from South Africa. The cancer was discovered as a result of a bout of renal colic caused by a pea-sized stone in the left kidney. The disease was in the early stages; a diffuse, low grade, stage 4 but slowly progressive type. However, no treatment was indicated at the time and we were informed that the prognosis was not good as chemotherapy would only suppress the lymphocyte count for a period.



The author with her husband Gray after his miraculous recovery.

Although I was a nursing tutor, I was neither very familiar with oncology nor was I aware of alternative or complementary therapies on the whole. The course of our lives was changed by the arrival of the book, "A Time to Heal" by Beata Bishop, sent to me by a

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GERSON HEALING NEWSLETTER

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MISSION STATEMENT

The Gerson Institute is a non-profit 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

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CHARLOTTE'S CORNER

Getting Rid of a Tumor is Not "Healing"—A Case History

By Charlotte Gerson



In my estimation, cancer is not only a lump or a malignant mass. Cancer is the ultimate breakdown of all the body's defenses and balances for normal essential organ functions with emphasis on the immune system. For that reason, surgery removes only the tip of the iceberg and does not begin to address the underlying weaknesses and malfunctions of the body. Thus removing 'every last cell' of a tumor through surgery is not a cure, and quite often the tumors recur. The same holds true for both radiation and chemotherapy.

Dr. Gerson explains this situation in his book, *A Cancer Therapy—Results of 50 Cases* as he often encountered new tumor growth after surgery or radiation. He became aware that healing meant restoring the body's defenses. Since the liver is the basic "biochemical center" of the body, he was most intent on restoring the liver to its total function. In a cancer patient, he postulated that it took at least 12-15 generations of new liver cells to give the patient a whole 'new' and functioning liver. Because each new generation takes about 5 weeks (for the liver cell to split and produce a new, healthier daughter cell) he assumed that it would take some 18 months to achieve this new liver - that is 15 generations of new cells, with each generation taking some 5 weeks, a little longer in elderly patients.

That timeline worked in his day as people's bodies were less damaged and not as seriously poisoned: the air, the water, and the soil were less toxic; food processing was less general; and people consumed less drugs and medicines. In our experience, during the close to 25 years of

Gerson Therapy in Mexico, we have to sadly admit that it takes some 2 years to fully restore the liver. In patients further poisoned by chemotherapy, it takes even longer.

Recently, we had an illustration of how detrimental the orthodox belief that the disease 'cancer' is only a lump or a malignant mass or a lesion. Both Doctor and patient mistakenly reason that, if the surgeon, radiation or drugs has 'got it all', the patient is 'cured'.

About 6 months ago, a patient arrived at the Mexican Gerson treatment center, suffering from kidney cancer. His doctor had not given him much hope of recovery with orthodox methods. He was in severe pain and on pain medication when he arrived. In only a very few days the pain had disappeared and, to his great satisfaction, he was able to discontinue the pain medication. His appetite improved and his spirit and hopefulness returned. When he went home, he continued the strict Gerson Therapy.

About 3 1/2 months later, when he returned to his original orthodox doctor for a check-up, the doctor was not able to find the cancer he had diagnosed in the patient's kidney and therefore told the patient that he was "cancer free." The patient was understandably delighted and assumed that he was 'cured'. He further assumed that, under those circumstances, he no longer needed the strict Gerson Therapy and abandoned it altogether, reverting to his 'regular' diet, which had, incidentally, caused his cancer in the first place!

Within 3 months, the tumor was

The Gonzalez Test *continued from page 1*

back, including the severe pain, and the patient had returned to the Hospital in Mexico. This time, the pain did not disappear as rapidly; the situation had become more serious. Interrupting the Therapy is a dangerous action.

We are frankly rather unhappy when patients react so poorly. At the Mexican hospital, they receive the Gerson book, the "Handbook", 3 Gerson videotapes (a total of 8 hours of lectures) explaining the Gerson Therapy in extensive detail in order to avoid such mistakes. We try to have the patient understand the need for a total recovery — not just getting rid of the tumor. We talk to them and try to help them understand, even if they 'postpone' studying the book or viewing the videotapes. Yet, in a number of cases, we see a similar disregard for the basic philosophy of the Gerson Therapy: the need for total healing.

When the body, with constant hourly nutritional support and regular detoxifying of the liver, is able to attack and break down tumor tissue so that the mass disappears, that is NOT the ultimate healing. The body is not yet able to function on "the average American diet", without the constant support of the best organic juices and foods and regular help with detoxification. The chemically treated, demineralized and toxic foods cannot even help the body to maintain the healing that had already taken place.

One important warning: In most cases, if the patients make such mistakes and the cancer recurs, they usually react positively again and healing returns if the strict Gerson Therapy is resumed. However, we have also seen patients who have gone off the Therapy more than once, tried to get back to the treatment again and then again. They are usually NOT successful on the third try! This is just an observation over many years and we have no 'scientific' explanation for the phenomenon. ■

who was later president of Sloan-Kettering, also in New York City. With the encouragement of Dr. Good, Gonzalez became interested in nutrition as an area of research and therefore came across Dr. William Donald Kelley, an orthodontist of Grapevine, Texas. Kelley had been diagnosed (without a biopsy) as suffering from pancreatic cancer and told me in the course of our first meeting, in New York City, that he had cured himself with the Gerson Therapy. [The 12-page article in the *New Yorker Magazine* that carried Gonzalez's story doesn't mention the Gerson name even once.] Kelley then proceeded to treat other hopeless cancer patients. Shortly thereafter, and also after treating many hundreds of patients, he was violently attacked by the medical establishment: denounced by the American Cancer Society, his name was placed on the "Unproven Therapy" blacklist and he was called a quack partly because of his use of coffee enemas and enzyme pills. He was constantly investigated by local state and federal authorities who took away his dental license and put him in jail. Desperate and scared, he fled from Texas and settled in Washington.

Due to his orthodox training, Gonzalez did not see any value to Kelley's nutritional treatment at first. However, being an honest researcher and scientist, he was willing to keep an open mind. Kelley opened his thousands of patients' records for Gonzalez, who studied and made contact with hundreds of patients diagnosed by reputable pathologists. Seeing that the cases were well documented, he admitted to himself that the well documented data proved Kelley's claims. Hundreds of his cases, originally in terminal condition, were alive after 5, 10 and even 15 years.

Kelley also gave Gonzalez a medical theory to check: in the earliest stage of pregnancy, as the placenta develops, it must firmly lodge itself into the uterus in order to

obtain nutrients for the new life. This process is similar to a cancer cell's development and eventual penetration of adjoining tissue. At about 2 months into the pregnancy, the woman's body secretes a large shot of pancreatic enzymes, killing the invading trophoblast cells, halting further invasion and growth of the placenta. If that didn't happen, the woman's body would become ravaged with malignancy. Kelley theorized that if the woman's body kills cells that resemble cancer with adequate pancreatic enzymes, why not use pancreatic enzymes to kill other cancer cells? He used large amounts of pancreatin, along with nutrition and coffee enemas (obviously patterned on the Gerson Therapy) and was successful in many cases.

Coffee enemas are regularly denounced by establishment physicians as damaging, toxic, disturbing to the electrolyte balance and more. It is interesting to note that coffee enemas were discussed as a medical procedure in the Merck Manual from 1898 till 1977, as stated by Dr. Gonzalez. He also reports that in 1988, the editor of the Merck Manual removed coffee enemas from the Manual for reasons of space rather than anything else. When a nutritional treatment is used to help the body to destroy tumor tissue, the dead tissue is toxic and must be eliminated from the body or else it causes serious liver damage. Doctors, many of whom drink vast amounts of coffee, regularly zero in on coffee enemas as 'dangerous', citing one article that appeared many years ago in the *JAMA (Journal of the American Medical Association)* stating that two patients who used coffee enemas died. When Dr. Gonzalez further investigated these two cases, he found that coffee enemas did not contribute to the patient's death in either case. Yet, thousands of patients die of chemotherapy, Lasix, even aspirin — but

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SINFULLY SWEET? *By Linda and Bill Bonvie*

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

When pushed to the wall about stevia, the FDA tends to fall back on a handful of studies that it says raise legitimate concerns about stevia's safety. The first of these—which has never been successfully repeated—was performed on rats in 1968 by Joseph Kuc, a Purdue University biochemist, working with a researcher in Uruguay.

Kuc, in a recent telephone interview, said that while he still "stands by the results we had"—that is, a finding of toxicity and a marked reduction in the number of young born and "restrictions in circulation to the extremities"—those results should not be interpreted as applying to humans consuming either stevia tea or its extract, stevioside.

For one thing, Kuc noted, the study involved "a very high concentration" given to the rats instead of drinking water, and consisted of the whole plant, dried as a powder, and not just the leaves. Asked if his study should be a basis for keeping stevia off the market in this country, Kuc replied: "That in itself, no."

The second study, dealing with the effect of stevia on the fertility of mice, was published in a Brazilian pharmacological journal in 1988. One expert who reviewed this experiment was surprised by "the lack of information about the quantities that were administered and the preparation of the infusions. . . ." In addition, the reviewer observed, the study involved a small number of animals and "was highly susceptible to indelible external influences."

In short, although the FDA refers to this study as casting doubts on stevia's safety, it is precisely the kind of research the FDA would question if it were submitted by a petitioner. Or as Mark Blumenthal, editor of *HerbalGram*, a publication of the American Botanical Council and the Herb Research Foundation puts it: "The FDA would laugh them out of the room." But the agency has at least seen this study. Other research, supposedly raising "the theoretical possibility" that the herb might cause blood sugar to drop in some people with hypoglycemia, has also been cited by the FDA even though no one at the agency has actually read the reports in question.

"We have attempted to get the studies, and thus far have not been successful," concedes David Hattan of the FDA's Division of Health Effects Evaluation, speaking of the research published in "small regional journals in South America." Nonetheless, the agency felt confident enough to mention the herb's possible hypoglycemic effect in a cautionary letter to a company planning to market stevia as a dietary supplement.

Rulis is willing to concede that the studies in question wouldn't stand up if a petitioner were to bring them to the FDA. But then, he says, "That's the case with all the data" on stevia. The FDA's Pauli agrees. "Now, [these studies] are not the greatest science in the world, I will admit, but the fact is there just isn't a lot of good science on stevia," he says, apparently disregarding the vast body of research including chronic toxicity studies conducted by the Japanese and submitted to his agency. "Certainly, we don't have any kind of data comparable to what we have for sweeteners used in food."

Pauli's comment is typical of the FDA's tendency to introduce the



subject of sweeteners—a loaded term implying a product's need for extensive FDA review—into any discussion of stevia, which proponents seek to market as a tea. In a similar manner, Rulis refers to the agency's "data package" on stevia as being "not nearly as robust as one which we would require for any other sweetener."

A recent information sheet prepared by the agency's Center for Food Safety and Applied Nutrition even inaccurately states that the "FDA has a number of active petitions for sweeteners, including stevia." Just how important this distinction is becomes clear when Pauli talks about "the statutory requirements that, for example, sweeteners must be shown to be safe." With that in mind, he continues, "you can't have a double standard where somebody has gone to several millions of dollars of testing and say [to someone else] well, that's OK, where you know nothing. . . . You try to keep things uniform that way."

Perhaps the most notorious "somebody" to spend several millions on testing to get a sweetener on the market is G. D. Searle, whose NutraSweet won FDA approval in the early '80s amid a storm of controversy that has not

abated. The original review process was marred by charges of doctored records and flawed experiments, a call at one point by the FDA's chief counsel for a grand jury probe, and the recommendation by a panel of scientific advisers that the substance's approval be delayed until concerns about brain-tumor tests could be resolved.

Of all the complaints received by the FDA since 1980 under its Adverse Reactions Monitoring System, some 72 percent concern NutraSweet, with reports of headaches, dizziness, and vomiting common. Its manufacturer, however, continues to insist that, with the exception of people suffering from a rare condition known as pku, aspartame is harmless to the public—a position backed up by the FDA, which apparently views the consumer complaints with a skeptical eye.

Many observers had hoped that the passage of the Dietary Supplement Health and Education Act of 1994, which exempts certain ingredients in vitamins and supplements from strict FDA review, would be stevia's savior, allowing the herb and its many benefits to be introduced to the general public. But even though several companies are now marketing stevia and its extract as a dietary supplement, the FDA has not let the matter drop.

In September, it revised its import alert with language that holds any potential stevia marketer to a strict and narrow standard, allowing the herb to be sold only if labeled as a dietary supplement and outlawing any mention of the herb's most marketable effect: "If stevia is to be used in a dietary supplement for a technical effect, such as use as a sweetener or flavoring agent, and is labeled as such, it is considered an unsafe food additive." All of which leaves the FDA in the perplexing position of allowing stevia packaged one way to be widely sold and consumed, while arguing that the exact same substance packaged another way is "unsafe."

In the meantime, proponents

continue to promote the herb through a stevia underground. Donna Gates, for example, author of *The Body Ecology Diet* and a passionate believer in the plant's curative powers, says she's willing to go to jail, if necessary, to champion her cause. "There are so many plants on the planet that are given to us to use to be healthy, and I believe stevia is one of those plants," says Gates, who despite the FDA's actions has been openly selling stevia extract as a sweetener.

Gates, in fact, sees a grassroots movement among natural-food advocates starting to take shape on this issue—a kind of tea-rescue mission infused with the same spirit of resistance that the American colonists displayed in dumping tea into Boston Harbor. "A lot of teas are using it," she alleges, "but they just say natural flavors." And now that the Dietary Supplement Act has "brought the industry together and made it very strong, everybody would organize" against a continued FDA attempt to keep stevia off the market.

While such talk may be overly optimistic, there are developments that suggest that stevia will indeed become far bigger than it is today—though not here in the United

States. In Canada, where stevia can be sold as a tea (but not as a sweetener), a Vancouver company, Royal-Sweet International, is in the process of developing a stevia-based sweetener for which it acquired a global patent several years ago. The company isn't waiting for Canadian or US approval of its product; it intends to direct its efforts at the fast-growing Asian market for stevia extracts.

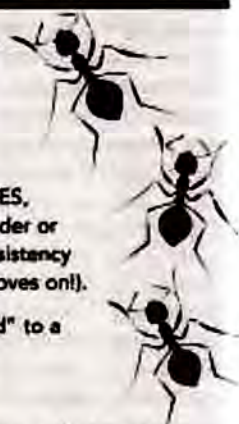
Perhaps most significantly, the project has been undertaken as a joint research venture with Agriculture Canada, a government agency, which sees the herb as a potential high profit replacement for Canadian tobacco. A similar idea was recently suggested by the ambassador from Paraguay as a means of curtailing his country's cultivation of marijuana. In a letter to various members of Congress and others asking for their help in loosening the import restrictions, the ambassador noted that growing stevia is an idea strongly supported by the US Drug Enforcement Agency. The ambassador apparently failed to see the irony of the fact that another agency of the US government has proclaimed stevia to be an equally forbidden substance. ■

Non-Toxic Ant Control Spray

1. Obtain 4 to 8 hot peppers (serrano or jalapeno). Amount depends on how hot the peppers are.
2. Then, WEARING LATEX OR SIMILAR PROTECTIVE GLOVES, add 2-4 ounces of water plus entire peppers to your blender or food processor. Blend or process to make a pulp like consistency that can be filtered through a cheesecloth (keep those gloves on!).
3. Filter through the cheesecloth and transfer "pepper liquid" to a one-quart spray bottle.
4. Add enough water to fill the bottle.
5. Add 1 tsp of liquid detergent and gently mix after re-applying the spray top.

Spray around affected areas freely and let dry. The aroma of the peppers will quickly dissipate. The ants will die and/or be repelled.

Happy Spring and Summer in your insecticide free, safe environment!



close friend. I became convinced, after further information from the Gerson Support Group/UK, that the Gerson Therapy may offer Gray more hope and certainly would not do him any harm! Several friends disagreed with us on that point and distanced themselves from us, but we gained a new family of friends and supporters who have helped us through the past 5 years, not least of all our children.

As finances were tight, Gray continued to work as a pastor but it was possible for him to follow the Therapy closely as we live next door to the church and he works from home. We were pleased at the initial response and two flare-ups in the first 3-4 months. During one of the healing reactions an old back injury that had often caused problems became very painful, yet since that time he has had no back problems. He then experienced a major set back from a serious urinary tract infection and landed up in hospital for a week, very febrile and having lost a lot of weight. He recovered after about 8 weeks and returned to work.

Looking back, this was probably where we made our biggest mistake because although we followed the Therapy meticulously, he continued to deteriorate over the first 18 months, despite initial healing reactions. During the next year he was to experience a fairly heavy load of stress and pressures, and did not experience further flare-ups. He did, however, continue to have mild fevers and nights sweats indicative of the lymphoma. I would now advise cancer patients to try to take the first 3-6 months off if possible and give themselves the best chance of healing because the body needs all the energy you are giving it in the juices and food. Stress at work can be very draining and we need to rest emotionally and physically.

We were able to take some good

holiday breaks, during which he seemed to improve with rest. We made several trips to France as friends had made accommodation available to us and we found good sources of organic food. It became obvious, though, during the last few months of 1997 that his condition was deteriorating as monitored by blood counts and increasing size of the spleen. His NHS consultant was keen to start chemotherapy and we were reluctant to accept this advice, but unsure what to do.

At this point we were assisted by friends to visit Dr Melendez in Mexico where Gray made rapid improvement in two weeks. He responded well to total rest, ozone therapy, I.V. antioxidants, hydrotherapy and clay and castor

According to the last scans there is no sign of disease and the blood picture has been normal for 2 years.

oil packs. On our return home, however, he developed one or two complications. Septicaemia from a leg abscess, which needed surgical lancing and intravenous antibiotics, led to a flare up of the lymphoma. The body seems unable to deal with the cancer when other problems occur and he became very debilitated, lost a lot of weight and had two periods of hospitalisation. A crisis intervention of tablet form chemotherapy was necessary to reduce the lymphatic swellings. However, I managed to keep him going without interruption, on the Gerson Therapy and took many juices, all his food and enemas into the hospital every day!

The spleen did not respond on this occasion and grew to a dangerous size of 3 kg and needed to be surgically removed. Then Gray made a remarkable recovery. It had been predicted that he would go to Intensive Care, be in hospital for at least two weeks and not work for many months. He did not go to

ICU, returned home on the eighth day and returned to work after eight weeks. Since then he has slowly but surely regained all his weight, colour and energy.

We followed the full Gerson Therapy for a total of 4 years until Gray's condition had completely stabilized and the blood picture and lymph glands were reduced to normal. This process was assisted by low dose Chlorambucil for a further 12 months, although it was not the consultant's drug of choice because he did not think it would have any effect. It did, however, with no side effects or depression of the bone marrow. For the past year (the fifth) he has reduced the juices to between 6-8 per day with 2 coffee breaks, and we continue to eat the Gerson way as a family 90% of the time as it is good for all of us. Needless to say, we have experienced healing reactions and increased vitality.

According to the last scans there is no sign of disease in his body and the blood picture has been completely normal for 2 years and Gray continues to work full time. An added bonus has been that the kidney stone is no longer visible on X-ray — we presume it has dissolved and disappeared. Dr Melendez advised us to put a teaspoon of freshly squeezed lemon juice in every carrot juice which we did for two years.

During the past two years I have been able to attend the Gerson Practitioners Training Course in San Diego, spend time at the hospitals in Mexico and work with the Gerson Support Group in the U.K. I have been involved with the Training Days and look forward to running these from our home from February 2001. We are always happy to speak to people who want to know more about the Therapy and are at the end of the phone for those who need support. We have recently been in South Africa visiting family and friends, and although organic produce is not so easy to find, peoples' awareness is changing and we would like to develop a support group there. ■

The Gonzalez Test *continued from page 3*

these drugs continue to be used in large amounts along with thousands of other drugs with dangerous side effects. No such side effects could ever be found even in long term users of regular coffee enemas; yet, as Dr. Gonzalez points out, "the concept of coffee enemas evokes emotionalism and hysteria among presumably rational physicians."

Dr. Gonzalez enumerates a few of the terrible toxic effects caused by chemotherapy drugs: "I see kidney damage caused by cis-platinum, severe heart damage caused by adriamycin, neuropathy (nerve damage) caused by the vinca alkaloids (i.e. vincristine) pulmonary fibrosis caused by bleomycin and endless cases of severe anemia and bone marrow suppression. I have seen patients barely able to eat because of radiation damage to their G.I. (gastro-intestinal) tracts. And the radiation did nothing to halt the progress of their cancer." Yet poisonous chemotherapy is perfectly acceptable but nutrition with detoxification is not!

Using nutritional therapy, Gonzalez was labeled a charlatan and a fraud, investigated and reprimanded

in 1994 by the New York State Medical Board for "departing from accepted practice." He was even forced to submit to psychological examination - something regularly used in Soviet Russia. All these methods were likewise used against Dr. Gerson in his time. If no researcher is allowed to 'depart from accepted practice,' there will never be any cure or advance in medicine. Is this not totally unscientific?

The medical establishment is fighting the \$1.4 million grant not so much because of the loss of conventional medicine research funds, but rather because of the validity of the grant awards to complementary and alternative medicine. In the words of a health official, the grant to Gonzalez amounts to "decimal dust" as compared to the fifteen billion dollars spent by the federal government on medical research annually. The real problem lies in the fact that such a grant gives nutritional treatments a degree of legitimacy and respectability that challenges orthodox medicine.

With all the attacks leveled against Gonzalez by orthodox medi-

cine, something good has come of the trial aside from a number of long-term survivors of pancreatic cancer. Michael Specter, the author of the article in the *New Yorker Magazine*, emphasizes the fact that, "Doctors who used to shun him [Gonzalez] now sometimes refer patients. His work is discussed without condescension in such mainstream publications as the *Journal of the National Cancer Institute*." Likewise, medical doctors have come to the Gerson clinics to seek help for their own health problems, usually cancer. However, many clearly maintain that they will not use the Gerson Therapy to treat patients, nor should we refer patients to them.

Overall, the Gonzalez trial is very good news for the advance of nutritional and alternative medicine. It is proof that the medical establishment is giving up more and more of their opposition to the advance of healing. Perhaps we'll still see the time when chemotherapy will rest on the historical trash pile of medieval torture instruments and the terrible suffering inflicted on cancer patients will finally end. Instead, they will be healed. ■



By Walter J. Urban, Ph.D.

"Do you wait for your car to stop running before you change the oil? Why wait for a stroke or heart attack before you change your lifestyle?

Chances are you wait to change your lifestyle because you think you can get away with living the way you are living right now since you are so busy and

THE PREVENTION LIFESTYLE

have priorities that come before your own health.

I call this a "crisis mentality." You wait for a sudden crisis to occur such as a heart attack, a stroke, the first signs of cancer or a degenerative disease before you are willing to take a good look at your lifestyle. You know your car will break down if you don't change the oil, but you don't believe you will break down until it occurs. Some people believe that they are superior beings and that nothing will happen to them.

I call this "unconscious omnipotence" even though you may think you are aware of your own limitations. This is a deep, unresolved sense of omnipotence that develops from early childhood and makes you think you are dif-

ferent from your family members, relatives or friends who have suffered from a serious illness. Ask yourself if any of these people who had a serious illness were living a lifestyle that helped create the illness or a lifestyle of prevention.

When you put these two concepts together, "crisis mentality" and "unconscious omnipotence" you create the underpinnings of a structure - a mental structure - that may well lead to a serious disease.

With that in mind I invite you to look at whether these concepts may apply to you. If they do, as they do to many people, then recognition is the first step to becoming motivated to think about your lifestyle. ■

Heart To Heart

NEWS AND UPDATES FROM CLIENT SERVICES

The Client Services Department sends greetings once again. We have been very active both at the Institute and visiting across the country in New York State. Here on the "home" front, more and more research continues to provide better access to services for our resource directory. Many new names have been added that will be very helpful for Gerson patients past and present.

One of our newer projects has been to create what we currently refer to as our "Gerson User Friendly Practitioner (GUFFP) List." *Who is a GUFFP?* This is any professional medical person who has assisted, observed or been interested in their patient who is doing the Gerson Therapy. *What may this also mean?* These are medical practitioners *who may be interested in:* a Gerson Practitioner Training Program; a future "home study" package with which they can acquire knowledge about the Gerson Therapy; or at the very least, literature to help familiarize them with Gerson Therapy and the Gerson Institute. So if you have or know of any professional medical person who is "user friendly," **please** contact the Institute. We hope to gather many names, addresses and phone numbers for future contact. *What is our goal?* Our newly formed "Education+ Program Committee" will create quality programs to meet needs at several levels (from licensed practitioners to companions to home helpers and more). We know guidance and support are needed for our Gerson patients throughout the course of their two-year program.

The times they are a changing. Even traditional doctors are frequently tolerant if not downright supportive since they realize many traditional therapies are not help-

ful or even the least bit hopeful for their patients. "Nutrition and Detoxification" are beginning to make more sense to them as they watch our patients take on this task and heal themselves one after the other. Others, less fortunate who still chose to do the therapy, at the very least have a much better quality of life, often remain mentally clear and have less need for pain control medications that have so many distress-



Sharon Murnane with one of her popular overbends.

ing side effects. Many doctors for various reasons cannot admit their interest, but will quietly observe. **The patients become the teachers in this way. This new way of thinking and being becomes a mutual decision making process.** Gerson patients have long been pioneers just as Dr. Max Gerson and Charlotte Gerson have been. We in Client Services will continue to see this through and gain ground through telling the truth, through education and giving support to those in need. We will expand to teach about prevention and promote the Gerson Therapy as an ideal and excellent means to get healthy and stay healthy. It is a way to reclaim your health, harmony and well being at any age.

Recently I joined Janet Holmes and her mother (whom I originally

met at the Oasis of Hope Hospital) in their home state, New York.

I traveled to Middletown, NY, about one hour Northeast of New York City to the lovely countryside of the Catskill Mountains. In fact, it was Mother's Day, so Janet and I each had our dear mothers at our side. My mother, Kathryn Cimachosky, was learning about the Gerson Therapy and Janet's mother, Kathleen

Müller, was telling her wonderful story of her journey back to health from cancer with metastasis. It was not without great effort and all the trials of healing reactions that lasted weeks at one point. Then, suddenly one day, Janet's mother began to feel immensely stronger and brighter. A great shift of healing had occurred and at 79 years young, she is absolutely glowing, with very bright, clear eyes and with a

renewed sense of well-being. She still has the all important restoration period to complete, but truly, she feels and appears to be in extremely better health. Janet has worked hard using a mind/body/spirit approach. She continues to provide support not only for her Mother but also for others in need as well. I want to thank her for all her efforts as she not only helped organize the talk, but along with her family members prepared a wholesome vegetarian brunch for all who attended!! It was a successful and wonderful gathering indeed. Janet is committed and devoted to holistic health practices, particularly the Gerson Therapy. We welcome her to our family and team of supporters.

I continued on to New York City for yet another lecture of a very interested group of medical and lay

people. It was an exciting morning that included the kind and most informative visit of yet another recovered breast cancer patient, Diana Piirro. Diana told her story just as it happened for her. We all listened and learned how the therapy needs individual considerations. Diana's husband was most supportive and continues to share the Gerson Therapy with her to this day. They live in Long Island, work full time professional jobs



Diana Piirro shares her story of recovery from breast cancer.

and stay healthy. During her challenging time doing the therapy, her doctor ordered blood tests but could do no more. However, ironically he was also a family friend. His worst fears were dispelled as this lovely woman became healthy and whole physically, emotionally and spiritually before his eyes. Again, patient as teacher happens. Thank you Diana for your generous time and education you shared with us that day. We also want to thank Pamela Noguera for her generous assistance to organize time/place for this gathering, and certainly to Phyllis Bloom LAc, for her special "Healing Arts" space that nurtured our group. ■

We look forward to a dynamic year. We will keep you well informed. Many Blessings to all of you as our journeys continue!

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

A New Disease – ORTHOREXIA – Would you believe?

In early March, San Francisco's Channel 5 news aired a report describing a new disease called "Orthorexia." Orthorexia is a combination of terms: "ortho" meaning straight, correct and true and "orexia" meaning appetite. The diagnosed patient is therefore suffering from a fixation with the quality of food. There are even several articles on the Internet describing this 'affliction', or rather 'obsession' with eating healthy food.

The medical profession has a history of discounting nutrition as a tool for good health, often claiming that food has nothing to do with disease. When the government agencies started to build a strong case to the contrary, people concerned with eating healthy foods were considered "health-nuts." (Would you rather be a 'disease-nut'?) Now, the medical establishment has transformed health consciousness into treatable disease, Orthorexia.

A book available by Stephen Bratman, M.D., warns that omitting certain foods from your diet, like milk, could eventually result in a lactose intolerance (inability to digest milk products). However, Dr. Bratman doesn't mention at any point the dangers and damage caused by foods laced with pesticides, fungicides, hormones, food preservatives and dozens of flavor enhancers and other chemicals. Further, he doesn't mention the lack of nutrients in processed white flour, sugar, etc. But he does go on to warn against obsessive pre-occupation with eating nothing but healthy food.

I agree with that; and Dr.

Gerson also suggested that part of one's diet (as long as the person is in truly good health) should be at choice. He was not a fanatic about food except when it came to dealing with terminally ill cancer patients and their nutritional intake. In their situation, there could be no deviation from the health building diet. I, too, object to an entirely raw diet or an all fruit diet or even the "grape diet," where only one food is consumed. My problem remains with doctors who now tell people that it is a disease to be pre-occupied with eating healthy, organic food.

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I also understand that people who take good care of their health, eat fresh, organic and natural foods provide no income for the medical profession. I am certainly a case in point: at 79 years of age, I have no medical problems, have no personal physician, have none of the 'problems of aging' such as high blood pressure, heart disease, arthritis, aches and pains, hearing and vision problems, diabetes, etc. I am able to work, often at a more strenuous pace than people half my age. There is, as a result, no income for doctors or the pharmaceutical industry. I am not one of the 30-40,000 patients who require a heart bypass or, the newer stent surgery. Admittedly, for the medical establishment, that is bad business. ■