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The New Direction in Alternative Medicine

By Charlotte Gerson

For many years, the AMA (American Medical Association) has supported a special division called *The Council Against Health Fraud*, which describes alternative therapies as "fraud" or "quackery." In June of 1997, they staged a National Conference [of physicians] to Explore Practical Solutions for the 'Prevention of Healthcare Fraud' in Dallas, Texas. A friend sent me the entire program of their proceedings.

Their conference generated a lengthy list of what 'fraud' included: Chiropractic, Acupuncture, questionable cancer treatments, (including the Gerson Therapy), Diet and Nutrition, Herbs,

Homeopathy and more. Yet there was one little item, a ray of light and truth, perhaps, from the words of one physician who addressed the others as follows:

*"Avoid hubristic [sic] and arrogant attitudes toward alternative medical practices because one might be embarrassed by the subsequent demonstrations of their clinical efficacy."*

Long-term readers of the *Gerson Healing Newsletter* may remember our report on these proceedings in the September/October 1997 issue. Things are gradually changing. Just one year later, the *JAMA* (Journal of the American Medical Association) reported that at least 34% of

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John's Journey with Multiple Sclerosis

By Debbie Stout, John's wife

PART TWO



The following is from a letter the Gerson Institute received detailing one family's struggle with an MS diagnosis and their subsequent journey while healing with the Gerson Therapy, reprinted with permission by Mrs. John Stout. If you would like to share your story of recovery with us, please send it to us attn: Editor, Gerson Healing Newsletter.

This is the second part of John's story.

**February, 1996:** John embarked on the full Gerson Therapy, with fresh juices and the complete diet, although he had trouble incorporating the coffee enemas into his workday for the first half of the year. I began to notice his walk was different. He had lost the

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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 degenerate 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



### The Thought Police *By Charlotte Gerson*

Last year, a Professor at Oxford University named Michael Gearin-Tosh published a book entitled *Living Proof*. Mr. Gearin-Tosh was diagnosed some eight years ago as suffering from Multiple Myeloma, a bone marrow cancer considered 'incurable' by orthodox medicine. According to current medical textbooks, "The median survival time is under a year in untreated patients, and two to three years with treatment." Mr. Gearin-Tosh chose to use a combination of the Gerson Therapy with Chinese breathing exercises and vitamin supplements. At present, eight years later, he is not only alive; he is well and continues teaching at the university.

In his book, Mr. Gearin-Tosh points out that anything other than 'orthodox treatment' is assumed *no treatment at all!* Among other excuses, those within the medical establishment call this type of recovery "spontaneous remission," since - according to their line of thinking - he had no treatment at all. Another medical excuse often suggested is that he did not really suffer from multiple myeloma. In that case, was it a criminal aberration by the orthodox physicians to urge him to use toxic, carcinogenic chemotherapy?

The careful denials and excuses used by orthodox practitioners are, according to Mr. Gearin-Tosh, the activity of 'thought police.' The policed medical journals do not discuss alternative treatments as valid. The carefully controlled articles that are published in 'recognized scientific journals' are peer-reviewed. In other words, they are passed by orthodox authorities, or the 'thought police', and therefore submitted to censorship.

Perhaps we can consider the concept of 'thought police' simply

as semantics. For years, there has been research and many scientific papers proving the bodily damage caused by smoking. Yet, the tobacco industry still manages to claim that there is no scientific proof that smoking causes disease.

We hear the same phrase when many scientific papers and volumes of research have proven the tremendous damage done by silver dental fillings. Amalgam placed into teeth of animals caused damage to all the essential organs of the test animals. Silver amalgam consists of about 51% mercury, an extremely poisonous metal. Interestingly, in the U.S. dentists are required by law to 'dispose of any left-over amalgam filling material as toxic waste.' But for as many years the ADA (American Dental Association) asserts that there is no scientific proof that amalgam fillings cause disease.

Is this double talk? The leftover material is toxic waste; yet in one's mouth mercury is considered safe? Why do dentists as a professional group suffer from vastly increased nerve damage diseases (Parkinson's, Multiple Sclerosis, etc) over any other professional group, the very damage caused by mercury?

The 'thought police' is the instrument used by scientific as well as general media to avoid law-suits. Imagine the can of worms that would be opened, the millions of law-suits that would follow if Big Tobacco were to admit that smoking causes or if the ADA would admit that all along they knew that amalgams cause brain damage.

The same 'no scientific proof' excuse is also used against the Gerson Therapy and is as lame and invalid as the others, clearly in each case to protect the industry from legal action due to years of mistreatments and lies. Imagine

if the medical established listened, in 1954, when Dr. Gerson first demonstrated cured terminal cancer patients before a U.S. Senate committee, cancer could be cured by diet and immune system support. After all, well over half a million people die of cancer each year since the middle nineties, (somewhat fewer before that date) creating a true medical holocaust. And the numbers continue to increase.

The excuses remain: there is no proof that diet cures cancer; the patient probably didn't have cancer in the first place (even though biopsies were done by the US and other world renowned institutions); the biopsy was in error. If the patient dies, however, the biopsy was correct and the patient died scientifically.

Yet, there is a little ray of hope. Michael Gearin-Tosh quotes Professor Kyle of the Mayo clinic, who wrote: "What you did deserves study. There is no new biochemical research." But Mr. Gearin-Tosh also quotes a consultant physician from Yorkshire (England), who wrote in the UK *Sunday Times*: "Don't you think that the medical profession would have grasped these 'cures' with both hands years ago if there were anything in this stuff?" Apparently not. ■

### Happy Birthday Charlotte!

Warmest wishes on March 27th for an entire year of happiness! Thank you for your dedication and unflagging effort to continue bringing the Gerson Therapy to the forefront of alternative medicine.



## FROM THE EXECUTIVE DIRECTOR



### Dear Members,

Even though you are reading this issue of the *Gerson Healing Newsletter* sometime in March or April, it is actually mid January as I write. It seems only yesterday that I was focused on Y2K and moments ago that we were wrapping up for the holidays.

It occurs to me that despite the holidays and despite the relentless march of time the Gerson Institute never breaks its stride in pursuit of our mission. . . to heal and prevent chronic and degenerative diseases based on the vision, philosophy and successful work of Dr. Max Gerson. December 23rd became January 2nd and January 2nd turned into today, yet the dedicated Gerson Institute staff continues to industriously and harmoniously build programs and refine services so that Dr. Gerson's therapy and Charlotte Gerson's vision becomes stronger and more meaningful for people turning to us for help...and for those who have yet to find us.

In this abbreviated column let me give you a glimpse into a moment in time here at the Gerson Institute: As I write, a meeting is taking place in the office behind me that will result in CEU's for practitioner's participating in the **Gerson Therapy Training Program for Licensed Professionals**, thus making their investment more valuable and our education program more meaningful. Downstairs, a mailing is being prepared for our next Module 1 training in July. Our new, comprehensive brochure has been expertly designed and the event will surely be as well attended as ever.

Meanwhile, as I glance at the lights on my phone I see that the Client Services Department is 'lit up', each representative describing the Gerson Therapy to someone,

somewhere on earth who has just received a diagnosis, or perhaps directing a prospective patient to the clinic for treatment or to a 'networker' who can describe their own experience. This afternoon a conference call will clarify a trip to Australia planned for the Fall. The shipping department will come alive at 1 o'clock as orders are filled. Brochures are being revised. Memberships are being renewed. Charlotte is visiting patients. And on and on it will go. . . until December is here again and so much good will has been done.

As a non-profit organization, now firmly anchored in our community the Gerson Institute has been richly rewarded with an incredible staff that clearly values service and healing over corporate perks (and the stress that comes with them!). Similarly, we treasure numerous volunteers and donors whose philanthropic motives help strengthen the health and well being of both our community and this organization, not least of them, our tireless Board of Directors.

With all the aforementioned activities in mind I would like to use this issue's column to acknowledge and thank our staff, volunteers and members for all that they do in pursuit of our mission. The Gerson Institute could not exist without you. Thanks to your combined effort, donations and dedication we can do anything. . . except perhaps stop the relentless march of time. And, since that cannot be stopped I hope you enjoy every moment of it! ■

*Yours in good health*  
Andrew Printer, Executive Director

# A Step Towards Mercury-free Mouths *By Kristina Wylie*

The American Dental Association (ADA) maintains that although "minute amounts of mercury vapor may be released from amalgam under the pressure of chewing or grinding, there is no scientific evidence that such low level mercury exposure is harmful." Yet increasing concerns about the most toxic non-radioactive element being placed in our mouths is calling into question the safety of the 'silver amalgam' - a misnomer since a silvery colored amalgam filling normally contains about 50% mercury.

In California, a landmark warning on mercury use in dentistry was passed in January, requiring dentists to post the following:

*Notice to Patients, Proposition 65:*

*Warning on dental amalgams, used in many dental fillings causes exposure to mercury, a chemical known to the state of California to cause birth defects or other reproductive harm.*

*Root canal treatments and restorations include fillings, crowns and bridges, use chemicals known to the state of California to cause cancer.*

*The US Food and Drug Administration has studied the situation and approved for use all dental restorative materials.*

*Consult your dentist to determine which materials are appropriate for your treatment.*

The warning, a result of a lawsuit filed by The Law Offices of Shawn Khorrami on behalf of As You Sow, a non-profit foundation dedicated to advocacy and activism in the public interest, is called by lead attorney Khorrami as "the first admission by organized dentistry that amalgams pose a potential health risk. The only problem is

that it's about 100 years too late."

Khorrami filed the lawsuit against Roger Fieldman DDS, Inc, the Citadel Dental Group, Inc, dental offices, dental laboratories and private dental schools and training programs with more than nine employees. The suit won the enforcement of Proposition 65, Safe Drinking Water and Toxics Enforcement Act.

Other recent lawsuits filed in Georgia, Texas, Ohio, California, Maryland and New York also challenge the safety of mercury used in amalgams.<sup>1</sup>

Yet the ADA continues to insist that the use of mercury in amalgams is safe, despite the fact that they also warn dentists that mercury vapors emanating from left-over scrap amalgam are extremely dangerous and hazardous to their health. The ADA issued a list of recommendations in the 1980s for how dentists should handle scrap amalgams. They recommended a no-touch technique for handling the amalgam, storing the mercury in tightly sealed containers and to avoid heating the mercury or the amalgam.<sup>2</sup>

But this toxic material admittedly harmful to dentists is still placed in our teeth; the typical adult carries ten amalgam fillings containing about 5 grams of mercury. 1/2 gram of mercury in a ten-acre lake would warrant an issuance of a fish advisory for that lake.<sup>3</sup>

Research has linked mercury toxicity with Alzheimer's, autism, depression, behavioral problems, chronic kidney disease and autoimmune disorders such as arthritis, lupus erythematosus (LE), multiple sclerosis (MS), scleroderma, amyotrophic lateral sclerosis (ALS) and hypothyroidism.

Mercury toxicity can be a result of many factors, such as mercury-contaminated fish or mercury (Thimerosal) in vaccines, but Charles Williamson, MD, co-director

of the Toxic Studies Institute in Boca Raton, Florida, claims that "the great majority of the body's burden of mercury - 87% - comes from dental amalgams, which continuously give off mercury vapor."<sup>4</sup>

The toxicity of mercury is an undeniable fact, and each amalgam consists of on average 1/2 gram of mercury. That mercury vapor is in fact released by amalgams, creating chronic toxicity, has been shown by a number of scientific studies, and even acknowledged by the ADA (although they claim 'minute' amounts of vapor are released). In Sweden - where use of mercury in amalgams have been banned - Jaro Pleva, PhD, analyzed a five year old filling and discovered it contained only 27% mercury, proving that almost half (the average amalgam contains 50-52% mercury) of the mercury had leached out in just five years.<sup>5</sup>

Dr. Hal Huggins, author of the book *It's All In Your Head: The Link Between Mercury Amalgams and Illnesses* has tested over 7,000 patients and show that over 90% of that group demonstrate immune reactivity to low levels of mercury. Yet for the last 150 years amalgams have been touted by the ADA as safe, durable and cost effective. The ADA does claim that "the choice of a particular filling material is determined in partnership by the dentist and patient, and based upon a variety of considerations, including the size and location of the cavity, patient history, cosmetic concerns and cost."<sup>6</sup>

Yet the only filling entirely covered by my insurance is amalgam. I contacted my insurance company and asked why, if now California has issued a warning against mercury amalgams, would they continue to only cover a possibly detrimental and hazardous procedure when alternatives were available. I was told that resin fillings were likewise covered, but when I checked with my dentist's office, I

learned that only a portion of the resin cost was covered by insurance. Where a 'silver' amalgam was free, a resin or composite filling would cost me \$85 out-of-pocket.

And what about the current amalgams in my mouth? Dr. Hal Huggins claims, "the first step toward recovery from mercury toxicity is to have your amalgams removed...however, you shouldn't just run out to the nearest dentist and ask him to take out your fillings." Individuals with amalgams are asked to withhold from immediately removing fillings since it can cause a toxic overload to the body, especially on the kidneys. It is important to follow a detoxification protocol outlined by a mercury-free or biological dentist.

The Gerson Institute's position statement on amalgams reads as follows: "Based on the information available, it is the opinion of the Gerson Institute that patients intending to do the full Gerson

Therapy for serious health purposes remove all root canal teeth immediately, or as soon as possible after they begin the therapy. Mercury fillings should not be removed for at least nine months, at which point their Gerson-trained physician will determine if they can begin to be safely removed. This decision will be based upon the strength of the patient, the extent of the patient's diagnosis and the doctor's judgment. No more than one mercury filling should be removed every one to two months."

So while rulings like the one in California are a step in the right direction, it is still necessary for an individual to educate him/herself about alternatives to amalgams. Some helpful organizations recommended by the Toxic Studies Institute are: DAMS (Dental Amalgam Mercury Syndrome), Talk International.com and the International Academy of Oral

Medicine and Toxicology. Dr. Hal Huggins book, *It's All In Your Head* is a straightforward book that addresses the research behind mercury toxicity and offers solutions for detoxification and removal of the amalgams. Also the website <http://www.testfoundation.org/amalgampage.htm> provides a wealth of information about amalgams. ■

American Dental Association Website at [www.ada.org](http://www.ada.org) under the Myths & Facts section

Millions of Health Freedom Fighters Newsletter, [www.quackpotwatch.org](http://www.quackpotwatch.org)

Huggins, Hal DDS. *It's All In Your Head* pp 36-37

Institute for Biological Dentistry, [www.IBDental.net](http://www.IBDental.net)

O'Brien, Jim. *Mercury Amalgam Toxicity*, Life Extension Magazine, May 2001

Huggins, Hal DDS. pp 29

[www.ada.org](http://www.ada.org)

Huggins, Hal DDS. pp 125

## BAJA NUTRI CARE CREATIONS

Enjoy this Gerson recipe by head chef Marisol . . .

### SPAGHETTI SQUASH

1 small squash, chopped  
1/2 of a tomato, chopped  
2 cloves of garlic, chopped  
1/2 of an onion, chopped  
1 ear of corn, cut away from cob

Cook corn over low heat in separate pot until tender, while cooking all the other ingredients together in another pot. Combine and serve.



## Gerson Institute Approved Referral Program – Support Groups

Beginning in 2002 only those Gerson Therapy Support Groups in possession of a current 'Seal of Approval' decal (see above) will be listed in our literature and referred to by our staff. Please contact us if you are interested in any of the other contacts listed on the Gerson Institute Approved Referral List, including companions, practitioners and clinics.



Support Group	Facilitator	Contact	Email
Seattle, WA	Al Shaefer	206-286-6623	
Farmington, MI	Susan Meinke	248-473-1419	
Paso Robles, CA	Simon Cohen, ND	805-226-9380	cohealing@tcon.net
Sebastopol, CA	Don Storm	707-823-1873	Bridgenc@aol.com
<b>England</b>			
Wirral, England	Wirral Holistic Therapeutic Cancer Care Center	0151 604-7316	
<b>Australia</b>			
Tewantin, QLD	Rasunah Alston	61 7 5449-0600	innergl@smart.net.au
Canberra, ACT	Stalls Ashton, RN	2 62 60-8240	Stella@webone.com.au
<b>Canada</b>			
Burlington, ONT	Jacqueline Scanas	905-634-2457	blit4life@sympatico.ca
<b>Malaysia</b>			
Selangor Darul Ehsan	Snow Wie Tan	60 3-78776500	snowie@newlife.com.my
Kota Kinabalu Sabah	Dr. Lynn Tan	6088 246404	hclng@pc.jaring.my

## John's Journey with Multiple Sclerosis *continued from page 1*

"swagger" I'd noticed even before we were married. He was now walking quick and straight.

At first, the therapy seemed overwhelming in the tremendous change it made in our lifestyle. The therapy must always be top priority and its schedule was to be followed before the rest of our work. Something was to be done every hour of the day. The peculiar methods of food preparation were time-consuming and unfamiliar to me. John wasn't used to stopping in the middle of his workday for a 'juice break.' The coffee enemas were awkward. The supplements needed to be administered in proper order and manner.

The huge volume of organic produce required was the single largest obstacle. For some time, we drove over 300 miles, round trip, every two weeks for produce that had to be ordered ahead of time. Winter weather did not allow the produce to be placed outside during the long trip home in freezing temperatures. Plus, we could not continue the therapy on schedule while away from home.

The nature of John's work demanded hard, physically exhausting labor. The therapy insisted that he rest and not further stress his body, but he was determined to continue as usual. Besides taking care of business outside, he kept up with the therapy schedule. He never complained and ate everything I placed in front of him. He never touched forbidden food. That is a very hard thing!

In this age, to speak of character is out-of-date. But by its very definition, it is what was most needed by our family at that time. The courage and character each family member contributes during troubled times builds a closeness and trust that is a wonderful thing to experience.

We had entered the Gerson Therapy as a family. Whatever John ate, I ate also. I made some small allowances for our son. We had lit-

tle food other than that allowed on the therapy in the house.

Going to town, as necessary for machinery parts or ranching supplies, posed an unusual situation. Adults can exert will power, but we had a small child who wanted to go to county fairs and visit family and friends. We ended up having "pickup picnics" in the back of our car, which even our son Grant found fun.

The Fourth of July picnic with my folks, who also had several family members on the therapy, was interesting. Neighbors who came to join us were surprised at the non-traditional foods that were included along with their hot dogs, potato chips and Jell-O salads.

**Fall, 1996:** John was feeling well and very encouraged. His eye was still not clear and he began to



*Winter in Montana is cold. John cuts wood for heating the shop and a wood stove in the house. Here his son helps him load the pickup.*

resign himself to the fact that he would have to use his other eye for the scope on his hunting rifles. But he was in fit shape to hunt. His other symptoms, the tingling, the ceaseless need to use the bathroom, and complete fatigue, had disappeared.

**1997:** We were firmly entrenched in the therapy routine now. John did extremely well and never complained about the constant bowl of soup and plate of raw food. We have added small amounts of venison, eggs, popcorn, home-ground whole grain bread (from wheat we

had grown), and homemade butter and ice cream.

**Fall, 1997:** It became extremely hard to keep to the diet! We found a store that would order our produce and our weekly drive to buy fresh good was now down to 135 miles. We ate a few meals of properly cooked family-raised beef, chicken and fish.

This was a good hunting season! We drew special elk permit and went camping. The complete therapy, including the coffees, went along also. John's eye was sufficiently improved that he continued to use it for watching faraway animals. My brothers, six-foot tall and strong, marveled at the change in John. They had hunted with him prior to the emergence of MS, and sheepishly admitted they had liked the fact they could out walk him.

This fall, however, he was leaving them gasping and resting at the top of each peak.

**1998:** The schedule remained the same. We allowed a few town meals on the instances that they were necessary and attended several family meals. I also began to add a few old-fashioned, homemade treats.

**Fall, 1998:** The therapy could be officially ended. John was well and we were happy. We decided

to keep most of the therapy schedule and remained on a homemade and home-grown organic diet, with Gerson food emphasized. Town meals were still on a 'have-to' basis, but grocery shopping at the local supermarket was out. By this time, we were ordering directly from a produce distributor and we now began to order natural and organic grocery items as a co-op.

**1999-2001:** We liked the boost our morning juices gave and decided to keep two to three juices a day. We also kept most of the supplements and coffee enemas

as needed.

**2002:** John is able to push himself though many long 16-hour days. Heat does not have a hold over him now; his temperature tolerance is the same as mine. We enjoy our hunting trips, and John walks for two to three miles in rough country and returns with a smile. Problems he had experienced in the five areas have all disappeared. The one remaining hint that he had ever been diagnosed with MS is weakened eyesight in the one affected eye.

Character is the habitual action and conduct of a person to come to the knowledge of right, and to exercise the will to do what is right, even against opposition or self-desire to the contrary. It is hard to describe how completely a serious illness affects the entire family. Facing a huge crisis, John developed into a wonderful man of character. He is a dependable guide for me and an inspiring example for his son. I am grateful and proud to share his name and

his life. Displaying his high regard for his father, Grant told me:

"Everyone should get MS so they can learn to do things right."

**Postscript:** The time came when the therapy ended. We hadn't given much thought to the day, but the expectation was that we'd return to our previous lifestyle as it was before the MS diagnosis. John was so well, it would have been easy to forget these last few years.

But we couldn't return to our previous habits of eating in the same way we couldn't ignore the benefits of the Gerson Therapy. When something is right, it is always right. And even though the Gerson Therapy demanded a tremendous amount of hard work from every member of our family, we each gained so much.

Instead of hindering our efforts with bad temper and depression, John kept up an encouraging attitude and a smile, growing in character and happiness. He now faces each day with optimism and a

future to plan.

I learned how to be a good helper — encouraging, supporting and working shoulder-to-shoulder in this race we call life. I can never say I am unfulfilled when my long day's work brings a smile to my men's faces.

Our son grew into a healthy, active preteen without the childhood ailments my friends' toddlers were battling. The only childhood trouble he has suffered are the many cavities in his early baby teeth as a result on the soda pop he was allowed to drink as a two and three-year old. The therapy set an easy-to-explain example of choosing right nutrition over wrong and of doing things for others. I am sure Grant will benefit the rest of his life: in his work, future family relationships, and personal eating habits.

*Anything worth doing is worth doing well.* I can now add to that old adage: *Any good requires effort, but the good makes the hard work worthwhile.* ■

## The Gerson Therapy Training Program for Licensed Professionals®

*Gerson Therapy: Natural, Sensible, Scientific Medicine*

The Gerson Institute established a training program for interested health practitioners in 1996. Since then over 150 physicians, nurses, chiropractors, dietitians, naturopaths and others have embarked on this four-part training designed to familiarize health care practitioners in the theory and the long-term clinical application of the Gerson Therapy. The Institute's goal then, as it is now, is to train practitioners who wish to join our referral list and begin providing patient care using the Gerson Therapy.

**Module 1:** A week-long training program - Learn about the theory and the long term clinical application of the Gerson Therapy from recognized experts.

**Module 2:** A five-day internship at a licensed Gerson Therapy clinic — Work with experienced Gerson physicians.

**Module 3:** Document six case studies over 18-24 months with professional support from Gerson physicians.

**Module 4:** Complete One Best Case Study for an additional 6-12 months.

Graduating practitioners become eligible to join the Gerson Institute Approved Referral List.



The next Module 1 training has been scheduled to take place in San Diego from July 13-19, 2003. A brochure describing the entire 4-part training and an application for Module 1 are available **now**.

# Heart To Heart

GREETINGS FROM CLIENT SERVICES



**D**etoxification is the hallmark of the Gerson Therapy. Of course, detoxification is vital for healing degenerative disease and cancer. But just how important is it after completing two years on the therapy? How important is it for prevention and health maintenance for former patients and all others? I am constantly reading and researching how toxins are produced and then distributed into our food, air and water. It is no secret (according to Bill Moyer's PBS special report) that over 75,000 chemicals have been released into our environment since World War II, many of which remain untested for safety though they are being released. Many people are becoming more aware that one of the best "insurance policies" is a personal health care plan including detoxification. This is how I work toward supporting my vital immune system and organs.

Since Kristina is covering mercury amalgams, allow me to say that the policies of the ADA (American Dental Association) in conjunction with the profiteering of chemical companies have caused immense health damage in our culture, particularly through the use of mercury and fluoride. These substances damage our precious thyroid glands and bones, consequently weakening our immune systems.

Where else do we find mercury and fluoride? The EPA (Environmental Protection Agency) is looking at mercury as the last major toxic substance without an emissions control plan. Mines, solid-waste incinerators and coal-fired utility boilers release around 40 tons of mercury annually in the United States. Recently I discovered that fluoride is also used in various industries and becomes an airborne emission. Thus polluting

our lakes, rivers and soil. Many people who transition off the Gerson diet may frequently add fish to their diet. If one adds fish to the diet, beware that in 2001, the FDA warned pregnant women and those of childbearing years against consuming shark, swordfish, king mackerel and tilefish.

An advisory panel to the U.S. food and drug administration also adds tuna to that list. Now if they are warning us, it must be bad! A study by a California physician Dr. Jane Hightower of San Francisco's Pacific Medical Center, found that a group of her patients who dined on swordfish and ahi tuna steaks demonstrated 89% blood mercury levels, which exceed the amount deemed "safe" by the EPA and National Academy of Sciences. She also tested those eating sea bass and halibut, and all yielded elevated mercury levels — some as high as 10 times the recommended level. A 120 lb person shouldn't consume more than 38.5 micrograms of mercury per week. Six ounces of canned albacore tuna contains 35 micrograms; 6 oz. of swordfish contains 170 micrograms; 6 oz. fresh tuna contains 68 micrograms while salmon contains only 6.46 micrograms (75-100 times less than a swordfish steak). The best salmon is Wild Alaskan or Wild Californian — *not farmed*, that's another nightmare for another day.

In closing, Gerson Therapy detoxifies the whole body, not selectively as many other detoxification programs. Since the liver is the most vital organ for detoxification, this therapy is unsurpassed in its effectiveness to release, bind and carry away toxic elements. But it is the combination of the organic detoxifying foods, juices and coffee/castor oil enemas that gives us the "insurance policy" one can

truly remain in good health and alive with. The rest is likely a risky game of health roulette. I, for one, am not willing to play this game. Are you? ■

*In health and healing, Sharon*

Sharon Murnane, RN, BA, HNC, CHTP; Director, Gerson Therapy Programs

## TWO MORE BOOKLETS BY CHARLOTTE GERSON



The final two additions to Charlotte's series of booklets documenting patient histories and testimonials are:

*Healing Lung Cancer and Respiratory Diseases the Gerson Way*

*Healing Autoimmune Diseases the Gerson Way*

The purpose of these booklets, according to Charlotte, is to "present, through a number of factual case histories, a novel approach to cancer and other chronic degenerative diseases that is totally different from the present day philosophy and practice of orthodox medicine."

*The series of booklets is available through the Gerson Institute for \$3.95 each.*



Americans had used at least one alternative therapy during the previous year. Yet people pay for these treatments out of their own pockets. In many cases patients don't even admit to their doctors that they visit alternative practitioners since doctors arrogantly reject alternatives and talk down to their patients if they report using other treatments. I have even heard that doctors have thrown those patients out of their office, even when they were long-term patients who had considered the doctor their 'friend.'

Probably the most serious problem that doctors face is their inability to heal patients suffering from chronic degenerative diseases. Although the patients receive some relief from drugs, they also suffer side effects and eventually worsened problems. The doctors are losing face; patients no longer trust them. By now over 50% of patients, often people with higher education and in upper society levels, consult practitioners of 'alternative' treatments.

Recently, more and much further-reaching changes have occurred. In the *Newsweek* edition of December 7, 2002, we find the cover story with the title, "The Science of Alternative Medicine." This is the first time that alternative treatments have even been described as both medicine and science.

As recently as March 30, 2000, the STAR TRIBUNE (in Minnesota-home of the Mayo clinic) carried an article describing a bill which would authorize increased funds to research alternative treatments using the heading, "Critics say bill would validate 'wacky ideas' of health care." The article discusses what the increased funding proposal would cover and mentions specifically the "Gerson Therapy (dietary therapy, such as coffee enemas, for disease)." This, alone, presents a curious misstatement describing a dietary therapy as coffee enemas.

The basic issue is always the same: patients are looking for help and cures, not arrogance and debilitating side effects. According to the *Newsweek* article (above), Dr. David Eisenberg, of the Harvard Medical

School, showed in 1990 that 34% of Americans were taking at least one unconventional therapy. This number has since quadrupled. In order not to completely lose the dollars spent by the public, allopathic medicine is trying to 'integrate' drug treatments with acupuncture and chiropractic - a rather non-threatening combination. They are not ready to include nutrition and refer to coffee enemas as "laughable." They don't seem to remember (or they wish to forget) that coffee enemas were described in the Merck Manual of Medical Procedures up until the year 1973. Not only that, in the course of more recent research on the effects of using coffee enemas, Dr. Peter Lechner of the 2nd Surgical Division of the second largest hospital in Graz, Austria, demonstrated that coffee used rectally (not by mouth) increases the detoxifying effect of the enzyme glutathione-S-transferase by some 700%; plus it raises its glucuronides so that toxins can be eliminated. Let the doctors and authors of this material laugh — they are simply uninformed.

Since the new interest in the combination of alternatives with orthodoxy, the National Institutes of Health have increased the budget for 'Integrative Medicine' from around \$2 million a year to more than \$100 million. It also has a new name: NCCAM (National Center for Complementary and Alternative Medicine).

In Washington, D.C., the largest and best-funded lobby is the medical one. Why? Who are they lobbying against? At any rate, with the new funding in place for the NCCAM, a journal (*The Washington Monthly*) has dubbed NCCAM "an expensive medical swindle being abetted by the nation's leading medical schools." They also stated that a group called Citizens for Science in Medicine accused the panel of trying to "overthrow science-based medicine" in favor of "invalidated voodoo." They neglect to mention, however, that according to Dr. Joseph Mercola (MD), who quotes the *JAMA*, more than 160,000 deaths in the US occurred from correctly prescribed,

correctly administered drugs having adverse reactions! Dr. Mercola thus describes doctors as "the number three cause of death in the US." (Number one is heart and circulatory disease; number two is cancer.) Is this "science-based" medicine? And that brings us to the role of the FDA (Food and Drug Administration).

The FDA is a Federal agency, specifically entrusted and directed to ensure that all foods and drugs that reach the US market are safe — and in the case of drugs, "safe and effective." All drugs, and there are no exceptions, have adverse, toxic side effects. These are all described in the PDR (Physicians' Desk Reference — available in the reference section of almost all public libraries). For example chemotherapy drugs are described as 'carcinogenic' (causing cancer). Not only that, but none of the chemotherapy drugs have ever been double blind tested! So much for science-based medicine or safe and effective drugs.

A new and rather disturbing development has just occurred. A recent (December 2002) article in the *Washington Post* reports that the FDA, complaining to Congress of their lack of funds, has managed to have Congress pass a law that provides funding for the FDA by the large drug companies! This bill passed with virtually no public debate, by being appended to the very popular bioterrorism bill. It also had been negotiated in secret. The new funds generated by the drug companies, amount to about \$1.2 billion over the next five years and will allow the drug industry to add some 500 people to the workforce of the FDA. That means that more than 55% of the FDA workforce would be employed and paid for by the drug companies.

This is the industry that the FDA is supposed to be policing.

What is the conclusion to all the above? We are definitely making progress toward reaching acceptance of nutritional healing. Yet, there are still many obstacles in the way. And the more than one trillion dollar medical/pharmaceutical industry is fighting. ■