



Why Don't the Navajo Get Cancer?

The Case Against Chicken

by Charlotte Gerson

The following article first appeared in the May/June 1993 issue of the Gerson Healing Newsletter. We are cautioning people not to switch from beef to chicken because of the BSE epidemic in the United States, though they certainly should stop eating beef.

During the past 8-10 years, many health (and cholesterol) conscious people have changed their eating habits from eating red meat (beef) to consuming more chicken. It now seems questionable that this was such a good idea.

We recently ran across a most interesting article by John Heinerman, PhD, published in his *Folk Medicine Journal*, Spring 1993. While patients during the time they are on the Gerson Therapy are not eating chicken, we feel that all our members and their families need to take note. Therefore, we are reporting on the article at length and with a number of direct quotes.

Dr. Virginia Livingston-Wheeler, in her many years as researcher in the biological sciences, arrived at the conclusion that cancer was probably caused by a viral or microbial agent. She regularly found what

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Revenge of the Cannibal Cows

The Approaching Era of BSE, Revisited

by Howard Straus

The following article first appeared in the July/August 1997 issue of the Gerson Healing Newsletter. Recent events have prompted us to reprint this now-bigly-relevant article.

There have been many cries of apocalyptic doom over the last decade, from the hole in the ozone layer to the global spread of AIDS, the rising cancer rate or global warming. Many of these have generated controversies, each side of the controversy having either a palpable agenda, or a vested economic interest in the status quo. Meanwhile, governments, in league with agribusiness have been fashioning a real, present and current disease through cynicism, incompetence, lies and shortsighted economic expedience. The result could soon spell an epidemic that would dwarf cancer, heart disease and AIDS.

In 1981, the British government relaxed agricultural regulations regard-

ing what could be fed to livestock, allowing processed slaughterhouse waste to be fed to livestock as high protein supplements. That meant that various parts of sheep, chicken and cows, including brains, eyes and bones, could be processed, flavored and mixed with other feeds to cheaply increase the productivity of cattle farms. Brains of sheep with a disease called scrapie were included in the list of permitted contents of cattle feed, as were, incredibly, chicken droppings. The fact that this practice would turn normally vegetarian animals into carnivores, even cannibals, was simply ignored, despite warnings from various concerned scientists, and a Royal Commission, who were roundly ignored and effectively pooh-poohed.

The practice was widely adopted in the British cattle industry, and subsequently led to cheaper beef, a highly desirable result for the growers, and

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one that enabled the British to compete well with the Continental beef producers in France and Holland.

Suddenly, in 1986, the honeymoon ended. The first case of a new cattle disease had been diagnosed. It was a bovine form of the sheep disease scrapie, and was called bovine spongiform encephalopathy, or BSE for short. Its better-known name, by now, is Mad Cow Disease, because the cows that contract the disease become aggressive, disoriented, and generally appear to have gone "mad". The disease destroys and kills by literally turning the animals' brains into sponges, boring holes in brain and nerve tissue. Though the new disease was reported to the appropriate authorities in the British government, they did nothing to alert the general population to the situation for at least eleven months, when they finally published the finding in an obscure veterinary journal, unlikely to be seen or noticed by the general public. Certainly, nothing was done to change the practice of feeding slaughterhouse offal to cows, sheep, chickens or pigs.

When the press got a hold of the story, and began raising questions

about the safety of British beef, the organs of government churned into high gear. Every possible senior official who had anything to do with public opinion, from the Prime Minister to the Minister of Food and Farming, assuring the world that British beef was sound, safe, and that this disease, which had already made the jump from sheep to cattle, could not possibly make the jump from cattle to humans. This despite the fact that virtually nothing was known for certain about BSE. Any researcher or government official who did not hue to the party line was rapidly and effectively silenced and/or "made redundant", i. e.: fired.

In 1989, two cases of an atypical strain of Creutzfeldt-Jacob Disease (CJD) were diagnosed, a strain which was alarmingly similar in effect and area of the brain attacked to BSE. Rare instances of this disease had been recorded as far back as 1965. Britain's trading partners began making noises about quarantining British beef, as the European Economic Community (EEC) had already done to American beef (antibiotic residues are so high that American beef is considered "tainted" by the EEC). Still knowing nothing about the cause of the disease, and having no "scientific" proof one way or another, the British government continued its public relations campaign to convince the world that British beef was sound. How could they guarantee the health of every cow in the British Isles? Advertising and governmental gobbledegook would have to do the trick. The idea that someone might

actually have to be held accountable for an incipient and deadly epidemic was simply unthinkable. Still, nothing was done to halt the practice of feeding cows to cows.

The epidemic started to grow. At first, only older people were affected. Many cases of CJD were probably misdiagnosed, since the symptoms in humans are very similar to those of Alzheimer's Disease. In fact, at least one victim's wife, convinced that her husband had died of CJD rather than the diagnosed Alzheimer's, repeatedly demanded an autopsy before her husband's body was cremated. She was unable to prevent the cremation, and the autopsy was never done. Another victim's mother, going public to save other mothers the agony of watching their own teenagers sicken and die, was told to think of the economic havoc she was causing. It appeared that CJD had an incubation period of between ten and twenty years, and nobody could prove that it was transmitted via cows and the consumption of animal flesh. Experiments done by the British government themselves showed that, contrary to the authorities' statements, monkeys, and by extension, probably humans were capable of contracting the disease from cattle. Yet,

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Publication Schedule

The Gerson Healing Newsletter is published bi-monthly by the Gerson Institute. It is our membership organ, and is intended to keep our members informed of health issues surrounding the Gerson Therapy, including political developments, case histories, clinical notes and recent literature having a bearing on nutrition and health.

Members receive the Gerson Healing Newsletter six times a year. You can become a member of the Gerson Institute simply by making a tax-deductible contribution of \$30.00 or more (foreign memberships \$35.00) to The Gerson Institute.

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GERSON INSTITUTE ACTIVITIES ACCELERATE IN 2004

Dear Members,

As usual, I have a lot of good news to share. We have been extremely busy with the filming of a documentary and infomercial on the life and work of Dr. Gerson. Steve Kroschel, filmmaker from Alaska, has brought an incredible enthusiasm to this work because of his own knowledge and experience with eating and juicing the Gerson way. He is an amazing person and seems to have full access to a powerful life force – he makes the Energizer Bunny seem like a slug. Charlotte has displayed an equally powerful ability to keep up with him – one evening while filming Charlotte walking the beach at sunset, an extra large wave surprised everyone. She ran like a teenage track star to higher ground and he saved the tripod and camera from near disaster. Experience with up-close filming of avalanches seems to have prepared him for Charlotte Gerson!

Hopefully, a preliminary copy of this 32 min. Hollywood-quality film, will be available for viewing in time for

Charlotte's birthday, Saturday March 27th. I am suggesting that if you would like to support this project to further promote our work on a level not yet seen, please consider making a donation in honor of Charlotte's 82nd birthday. One member has already told me that he will donate ten dollars per year of her life.

Additionally, we are excited about the upcoming offering of Module 1 of our Professional Training for Licensed Professionals. It will be held May 10-16th, with a trip to the clinic in Mexico on May 17th. The training will be held at a mountain retreat center at Big Bear Lake, Ca. You may visit www.wholelifelarning-center.org to see the facility. May 13-16th, our previously trained professionals will be gathering at the same location to discuss cases, research ideas, resource sharing and future challenges. We have confirmed that Beata Bishop, author of *A Time To Heal*, will be coming from Europe to join our world-class faculty. We also will have our newsletter editor, Howard Straus,

Dr. Gerson's biographer, joining us. See page 9 of this *Newsletter* for more information on his astounding work, *Dr. Max Gerson: Healing the Hopeless*.

We continue to be very busy and happy here. We are staying open to what wants to happen with this healing work, not trying to force anything. I so enjoy my almost daily phone calls and emails from our members. I have noticed lately that many of you are doubling the amount of your membership contribution; while others continue to purchase the gift of health by giving a membership to friends, family, neighbors and co-workers.

Recently, I have also heard from several of you who are promoting our work on your own by purchasing large numbers of books and giving them to those in need. There are not words to convey how much this means to us all.

Be Healthy and Happy,

Anita K. Wilson
Executive Director

Did You Know ?

Eating margarine can increase heart disease in women by 3% over eating the same amount of butter, according to a recent Harvard medical study.

Margarine:

- Is very high in trans fatty acids
- Triples the risk of coronary heart disease
- Increases total cholesterol and LDL (the bad cholesterol)
- Lowers the HDL cholesterol.
- Increases the risk of cancer by up to five-fold
- Lowers quality of breast milk
- Decreases immune response
- And (here is the most disturbing

fact) margarine is but one molecule away from being plastic!

We invite you to make this experiment: Place a tub of margarine in your garage. Within a couple of days, you'll notice:

1. No flies, not even those pesky fruit flies will go near it
2. It does not rot or smell because it has no nutritional value, nothing will grow on it
3. Even microorganisms will not find a home on margarine to grow

The above item was provided courtesy of Gerald and Deonaa Hernesmaa of the Health Action Network Society in Burnaby-Vancouver, BC.

Our Mission

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

Our Vision

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

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the spin doctors managed to turn even these experiments into encouraging news! Not until 1988 were any limits put onto the amounts, types and health of the offal going into cattle feed, and then they were inadequate and sloppily enforced by a government far more responsive (as usual) to the short-term economic interests of the farmers and commerce than to the health and survival of its individual citizens. It was a further two years before controls were put on feeding infected offal to poultry, whose droppings, remember, were still being fed to the cattle. Only on March 20, 1996, after teenagers, some as young as 15 and 16 years old, began to die of a much faster-moving strain of the disease, one with an incubation time of five to ten years, did the government finally admit that BSE was the "most likely" cause of the recent outbreak of CJD, publicly eating their own words.

On March 26, 1996, the rest of Continental Europe, led by Germany, put a quarantine on all British beef and beef products. Russia even embargoed British milk and leather. The British government has very belatedly instituted a program of cattle destruction, hoping to limit the damage and restore confidence in farming practices and the health of the British cattle herd, numbering in the millions of animals. The practice of feeding infected offal to the remaining animals has been discontinued. But the death toll from the new strain of CJD continues to rise, and the victims are otherwise healthy teenagers and young adults.

The problems, of course, are very complex. In Iceland, when the related sheep disease scrapie was found to be infecting a large proportion of the sheep, every sheep in Iceland was slaughtered and disposed of, and the

entire herd was replaced by importing healthy animals from abroad. Within a few years, however, the new herd was infected again. The only possible means of transmission of the disease from the sheep that no longer existed to the new, healthy sheep, was that the ground was infected, and the new sheep could be infected from the urine and droppings of the old sheep. The latest understanding of this disease is that it is not transmitted by a virus or microbe, but by a tiny protein fraction (called a prion) that is virtually indestructible by sterilization, acids, heat or burial in soil. This has chilling implications for the British, who, until recently, have been burying large numbers of slaughtered, infected cows and sheep in farms and landfills, many near rivers and municipal water sources. There is no way to remove these sources of infection from the ground, as the products of decay have, by now, spread far and wide, both from urine and cattle droppings, and from the buried animals. The disease causes no immune response, and there is no known treatment for it, much less cure.

Often, when a farmer begins to see the first symptoms of a BSE-infected animal, economics dictate that he is better off to kill and bury the animal on his farm than to admit that his farm is no longer BSE-free, or even better, send the animal to the slaughterhouse before the animal becomes clinically ill and has to be destroyed. Although the government will pay him to destroy and incinerate the carcass, animals from "BSE-free" farms fetch higher prices than those from farms admitting the problem. Unfortunately, this gives farmers large economic incentive to misrepresent the status of their farms. Some farmers have already been fined for falsely representing their farms as BSE-free, others have, most likely, escaped detection.

By May, 1990, a quarter of the population of Great Britain refused to eat beef. In six months, beef prices dropped 10-25%, devastating the cattle industry. Cats and zoo animals are now dying regularly from their own variants of spongiform encephalopathy: over 160,000 British cattle have already succumbed to it. To date, there is still no well-defined, strictly implemented program for keeping infected offal from infecting healthy meat in Great Britain.

That's England, though, isn't it?

"What does this have to do with the United States?" you may be asking. "We have been assured that there is no BSE problem here. We don't import British beef, do we?" Well, no, we don't, and haven't since 1989. But what we do continue here is the practice, now banned in Great Britain, of feeding processed slaughterhouse waste to cows, chickens and pigs as low cost, high-protein feed supplementation. This is the very practice that got the British cattle industry in such bad trouble so very quickly a decade and a half ago: feeding cows to cows. In 1991, the USDA considered a mandatory ban on the practice. But according to an internal USDA document, the agency dismissed the ban because, "the cost to the livestock and rendering industries would be substantial." (Sound like Britain's initial response?)

We certainly have the problem of scrapie in America, and it is known to have jumped the species barrier from sheep to the cattle herd. Scrapie manifests itself in cattle as the animal falling down, and being unable to rise again. There is the possibility, even the likelihood of an outbreak of BSE and its associated human form, CJD occurring in the United States. It may already have arrived here, and been missed in the background noise of the enormous human tragedy of our epidemic of

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Alzheimer's disease. It is quite possible that many cases of CJD have been misdiagnosed here as Alzheimer's, disguising the onset of the epidemic by not recognizing it for what it is, and giving us a false sense of security. In fact, there is good evidence that BSE has been in the United States since the mid-'70s.

What is even worse is that it is not just beef that is affected. By now, slaughterhouse workers, farmers and food preparation workers have died of CJD, possibly from the constant contact with animal blood and offal. The ground on which the cattle have been urinating and defecating is certainly infected, and we know that the vector survives in the ground for long periods of time. We know little about the effects of the disease or its vectors on other animals fed infected offal, such as chickens and pigs. And we must assume that milk and other animal products, like gelatin and dairy products, and anything that contains them, are possibly infectious. Think about that, for a moment. Substitute the more familiar but less likely disease "AIDS," and imagine being at risk for infection from a milk chocolate bar or a cold remedy in a gelatin capsule, the egg, butter or milk in a piece of birthday cake, a cup of nonfat yogurt or cottage cheese, and you will begin to understand how deeply the malpractice of the food-animal industry has endangered your life and the lives of your family.

"The critical uncertainty," to quote an article from the Internet by Michael Greger, "is, how small a dose is necessary to pass the disease along? Theoretically, it doesn't matter if BSE can infect humans if we never eat enough meat within a lifetime. Last year, calculations were made to deter-

mine how many people will have consumed a potentially infectious dose by 1997. The conservative estimate runs upwards of 34 million people. In other words, virtually a whole generation of people may die. And we are not talking about a quick and simple death, either. If we assume the disease runs a course similar to CJD, these people will wake up one morning twitching and deteriorate weekly into blindness and epilepsy, while their brain perforates into a sponge. If they're lucky, they will be dead within three months; if not, it may take up to five years."

This disease has the potential to be far more widespread and deadly than AIDS or cancer, than heart disease or stroke. And we don't know we have it until it is far, far too late to do anything about, not to mention the fact that there is, at the moment, nothing we can do about it.

Americans' trust in our own government has already fallen to such a low level that we rarely believe its self-serving, exculpatory statements. We must now, however, find a way to let the government know, in no uncertain terms, that we are outraged at the suicidal behavior of the factory farming industry and of the U. S. Department of Agriculture, which is charged with the often contradictory tasks of regulating and promoting American agriculture.

Though we, as Gerson persons, are basically vegetarians, the practice of making vegetarian animals into cannibals puts us all at risk from the most apparently innocuous substances, and from contaminated water that cannot be purified short of expensive steam distillation. We must force our governmental organs to be responsive to our health and safety, and soon, if we are not to fall victims en masse to the same fate as so many Britons have already. We must fight for our survival against our own food suppliers, and against

our own government, against the very institutions we want to believe are protecting us. We know the results of trusting the FDA and the NCI to help us. This one, however, is a battle we cannot afford to lose.

Some information in this article was reprinted with gracious permission from EarthSave, the newsletter of EarthSave International, 706 Frederick Street, Santa Cruz, CA 95062. (408) 423-4069 (general information) or (800) 362-3648 (membership and book orders only). EarthSave promotes the benefits of plant-based food choices for our health, environment and a more compassionate world.

Since the above article appeared seven years ago, many of the predictions have unfortunately come true. The USDA's top tier, filled with ex-cattle industry executives, have failed to take any concrete measures against the feed practice that got the British in such trouble, depending instead on totally ineffective advertising campaigns. The practice of feeding slaughterhouse offal to cattle continues. Only the meat from cows actually unable to walk is banned from human consumption, ignoring the fact that cows may have the disease for over five years before this symptom appears.

So far, only a few hundred cattle have been destroyed, but if we follow the British, 50 million head will have to be incinerated.

British physicians have been removing the brains of people who die with mental disorders "for research" by the tens of thousands, without permission, and sometimes against the will, of the decedents' families. Though this is totally unethical and illegal, none have been punished. Of course, these missing brains cannot now be checked for signs of variant CJD.

— Ed. 

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she considered the cancer causative agent in chicken. Furthermore, in *Time Magazine*, November 26, 1990, a report titled "The Dangers of Foul Fowl" showed that chicken are widely infected with salmonella.

A Dr. De Lamar Gibbons (M.D) found a different link between chicken consumption and cancer. He had practiced medicine for some 17 years in Blanding, San Juan County, Utah and on the nearby Navajo Indian Reservation.

He published an article on November 29, 1987 in the *Salt Lake Tribune* under the title of "Indians Hold Key to Cancer" He reported that neither he, nor two other prominent physicians who had practiced in San Juan County for 32 years and 26 years respectively "have ever seen breast cancer or lung cancer in a Navajo." He wrote that he was certain that cancer can be prevented, and that the Navajos had done this for at least 30 years. He also pointed to the fact that the general diet of the Navajos, in our way of thinking, is very poor indeed. They eat "a high fat diet, consisting of mutton stew, bread deep-fried in mutton tallow, potato chips, soda pop, coffee, beer, candy and Twinkies. They eat virtually no fiber and no vegetables. The nutritional content of their diet is a disaster Their sanitation in many instances is unbelievably bad. Many draw water from open creeks and have no sanitary facilities (not even out-houses much less indoor plumbing and running water). In short, they do everything wrong, according to the 'authorities.' And yet *they do not get cancer!* They must be doing something right that the rest of us are doing wrong."

Dr. De Lamar Gibbons went further in his studies once he had made this fascinating discovery. He tabulated all the cancer cases he and his colleagues had treated over a five year period. They had a population ratio of 40% Indians and 60% Anglos. Yet, out of 97 cancer cases, only 3 were Indians. On another reservation, between 1960 and 1973, of 13,000 admissions, only 15 cases had cancer

Outside of thoroughly cooking their meat, they totally avoid poultry for religious reasons. We quote from Dr. Gibbons' article: "In the course of the past 30 years only one of the 5,000 San Juan County Navajos has been found to have developed prostate cancer. This cancer becomes almost universal in aged non-Indian men. Equally remarkable was the discovery that this individual was different from the others of his tribe in another way. He broke a sacred taboo. He raised chicken and ate eggs. (Faithful Navajos shun birds. They believe the flight of birds is not accomplished through the application of the physical laws of aerodynamics. No! Birds are supported in the air by spooky-magic, and are thus to be avoided.)"

"One of my Navajo patients developed ovarian cancer. Her life was different. She had been in a nursing home for five years and was served soft eggs each morning."

Dr. Heinerman was so intrigued by these reports that he decided to study them and collect data for himself. He, together with an assistant, personally went to the Havasupai Indian Reservation on the south rim of the Grand Canyon, staying in the village of Supai He called on an Anglo physician in a town about 65 miles away who had practiced in the village clinic for some four years. He confirmed that the Indians basically are not healthy and suffer from many diseases: Diabetes, otitis (inflammation of the ear), alcoholism, cirrhosis of the liver, hypertension. When he was asked about cancer, he could only remember three cases, all women with ovarian cancer.

He added, "It seems like these people just don't get cancer."

Dr Heinerman then looked up the son of one of these ovarian cancer patients. He told Dr Heinerman that his mother, "in her 30's and 40's, used to keep a lot of chickens around the house, and the family

ate them often. She was the only one I know of who ate them" The other two ladies who died of ovarian cancer had lived for a while outside of the village in the regular world. Both had eaten the food which is regularly consumed such as chicken, turkey and eggs.

Dr. Heinerman concludes his article by restating the unhealthy general lifestyle of the Indians He says, "Many of the Havasupai menfolk smoke to some extent. Yet neither Dr. Gibbons nor ourselves ever found any recorded cases of lung cancer among them. Equally amazing is the epidemic of obesity among both tribes, particularly the women. Yet NO cases of breast cancer or colon cancers have ever been detected."

For more information on this subject: To receive photocopies of Dr. Virginia Livingston's book chapter on chickens, eggs and cancer, the two magazine articles on the toxicity of chicken meat; and Dr. Gibbons' article on Navajo diet, please send \$12 money order to Dr. John Heinerman, P.O. Box 11471, Salt Lake City, UT 84147.

Major New Study details **The Sugar-Cancer Connection**

From *Mercola*, May 7th, 2003:
"Healthy News you can Use."

"Obesity Causes Nearly 100,000 Cancer Deaths per Year" – A major 16-year study involving nearly a million people finds that extra weight is a major player in the number two cause of death in this country: cancer. "Sugar Industry Has Major Conflict With Health Report" – Imagine That! The World Health Organization's new report suggests that we should limit our sugar intake to 10% or less of our daily calories. The sugar industry criticized the report, stating it should be 25%. The average American consumes over 125 pounds of sugar annually. This is worse than the tobacco industry scandal.

**Give a friend a subscription
to the Newsletter ...
a great gift of health for
the New Year!**

Immunization and Vaccination

by Charlotte Gerson

Due to the present 'flu epidemic', there is a great deal of interest in immunization and vaccination. Checking into my files, I find innumerable books and articles written on the subject. The list is much too long to include here.

But let's look at the story. It started with Edward Jenner, MD. (1749-1823), a British physician. He observed that milkmaids who frequently contracted cases of cow pox, had a mild outbreak of the pox and were subsequently immune to smallpox. This led him to assume that a mild form of a disease produces immunity to a more deadly form. It was a correct assumption; however in future attempts to repeat the results, it was never taken into consideration that the immune milkmaids were young and presumably healthy! Thus, their immune systems were able to respond!

Meantime, generations of youngsters have been vaccinated against smallpox and by the 1980's, the medical authorities declared that smallpox was gone, overcome!

Louis Pasteur (1822-1895), used the idea of weakening bacteria and germs to clear them and produce 'clean' products. Hence, the pasteurization of milk that is now almost universal in the 'developed' world. Still, on his deathbed, it is claimed he said, "The germ is nothing, the terrain is everything," meaning that the person's immune system makes the difference as to whether he/she will develop disease or not. This statement is not widely known. For one, pasteurization is a huge business and the milk industry would oppose any change. Also, vaccination has developed into an important industry and is certain to continue to find support in government and medical circles. It has also not been publicized that pasteurized milk is heat damaged, causing the protein content to be poorly assimilated. This was demonstrated

by Dr. Francis M. Pottenger, M.D. in his book *Pottenger's Cats A Study in Nutrition*. [See "Milk—the White Poison" in *Gerson Healing Newsletter*, Vol. 19, #1, Jan/Feb 2004].

But there is more – much more! Babies are no longer just vaccinated against smallpox; for years, they have been receiving the DPT (Diphtheria-Pertussis-Tetanus) injections at a younger and younger age. Dr. Robert Mendelsohn, head of the Pediatric Society of the US, and head of the Chicago Pediatric Hospital, wrote extensively about his research into that problem. He never stopped warning against immunization of babies in his lectures and medical journals. He pointed to the many children who were permanently injured by disease, including extensive brain damage. Eventually, he was able to demonstrate that some 85% of SIDS (Sudden Infant Death Syndrome, or "crib death") occurred within 48 hours after injection of DPT; while the rest of the deaths occurred within two weeks after the immunization! Nobody listened; however, eventually, the U.S. Government had to guarantee the safety of the DPT injections since the pharmaceutical companies that were producing them had so many lawsuits on their hands for damage and death caused by the shots. Vaccine manufacturers are the only industry so afraid of the consequences of the use of their products that they are protected this way ... *by our tax dollars!*

The DPT shots are still being used in the U.S. Their use is actually unscientific, since a new baby does not yet have his/her own immune system and is therefore unable to respond by producing immunity to the diseases! The baby is born with about six months' worth of the mother's immunity. Yet pediatricians continue to start immunization with DPT with babies at 2-3 months of age! And the problems continue! In Japan, it turns out, the doctors

have become aware of the reason for the problem with immunizing babies too early and, we are told, they are now forbidden to give vaccination shots to babies before the age of two years! As a result, there is no more SIDS in Japan.

In the U.S.A., then-President Ford, shortly after he was nominated by outgoing President Nixon, wanted to 'do something for the American public.' It was the time when the flu season was about to start; and the flu virus that was identified at that time was the "Swine Flu" virus. President Ford ordered a large number of immunizing shots against the swine flu to be made available, particularly to 'individuals at risk,' the elderly, young children, and people suffering from chronic diseases. The result of this well-meaning activity was a disaster: more people died from the flu shot than were projected to die from the (nonexistent) epidemic, and many more became paralyzed due to the injections!

We now come to the true problem of immunization: people whose immune systems are weakened due to age or disease, particularly due to chemotherapy or people who have to be medicated with immune suppressants due to organ transplants – those people are unable to respond to immunization and are severely damaged if not killed by their use.

Another problem is the use of vaccines against tumors in cancer patients. One first has to understand that a cancer patient has a weakened immune system – or else he would have no malignancy! A functioning immune response kills developing malignant cells without the host being aware of any activity. So we have to assume that this type of patient is hardly able to respond to immunization. The John Wayne Cancer Center in California has experimented with immunization against cancer for some time, rather ineffectively. Dr. Joseph Issels, too, tried immunization with some limited success. However, Dr. Gerson is regularly being misquoted as having supported immunization against cancer. In his book, *A Cancer Therapy: Results of 50 Cases*, Dr. Gerson discusses the introduction of cancer cells into patients suffering from

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malignancies. He admits that a very few dramatic results (not long-lasting) were obtained; however most experiments, including those of the famous Dr. William B. Coley, remained "quite uncertain and sparing." (p. 128).

In a reported experiment, one man with advanced colon cancer was given immunization injections of the vaccine every six weeks. Within 12 weeks the tumor had disappeared. However, "He was part of a national trial being conducted at USC/Norris in L.A. Federal rules require that patients participating in research studies receive 'proven' treatments before they receive experimental therapies. Because this means the body has already had its immune system devastated by chemotherapy, it is amazing that they got this kind of result." [In even one case!] The above was taken from an article in the L.A. Times of March 17, 2003.

It also needs to be remembered that in a cancer patient, a large number of malig-

nant cells are present and there is no need to introduce more. Further, in order to get a true response, it should be the physician's duty first of all to activate the patient's immune system by detoxifying and replenishing all the organ systems. Once this has been achieved, there is no further need to inject cancer cells because of the presence of tumors in the patient! There is one other problem that Dr. Gerson discusses: it is not sufficient to try to activate the body's defenses temporarily with immunizations. The body needs to recover sufficiently so that its immune activity remains strong and permanent. Then long term recovery without recurrence can be achieved.

Reverting to the present flu 'epidemic', it started much earlier than usual, was already well underway in early to mid-December. The flu season is generally expected to become quite virulent by February/March. What is particularly disturbing are the reports of children dying of the flu! And here, I suspect that a great deal of blame goes back to the reports of children's worsening eating habits. We

reported in our *Gerson Healing Newsletter*, Vol 18, #3, on the increasing 'addiction' of kids to Chicken Nuggets, and on the frightening lack of nutrition in those 'fast foods'. The Wall Street Journal of March 18th, 2003 reported on the problem under the heading "Heart Disease Hits the Preschool Set" (The Personal Journal, Section D). One of the items in that article states "Children's diet is becoming more and more restricted. They develop a taste for the deep-fried, salted nuggets and refuse other foods." Is this the ultimate destruction of their immune systems and adds to the problem of early heart disease? It might well be.

In the meantime, a large portion of the population is suffering from the flu. Schools are closing early because the kids are sick, besides the teachers, too, are affected. I suspect that nutrition in general is worsening, and people are sicker every year.

Again, as I have done so often, I urge our readers, family and friends, to eat fresh, organic, body building foods in order to remain active and healthy.

BR International Magazine Showcases the Gerson Therapy

by Howard Straus

We were deeply honored in December when Ms. Sandee Harilela, Managing Editor of *BR International* magazine, sometimes known as *Bharat Ratna*, invited us to write the cover article of their January 2004 issue. *Bharat Ratna* is published in Hong Kong, and its target audience is the worldwide community of Indian expatriates. The magazine is a glossy, upscale 64-page collection of articles of interest to the community and has about 20,000 subscribers. *Bharat Ratna* did a beautiful job with the feature, and the resulting magazine has become an instant Gerson Person's "must-have."

The featured article is a digest of Dr. Gerson's life, the discovery of his amaz-

ing Therapy, the current state of the Therapy and some patient stories.

The six-page article has several pic-



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tures, including some of Baja Nutri Care Hospital, Charlotte Gerson, Dras. Melendez and Bravo, and some patients. We could not be more thrilled. If you ever want to have a short, cogent explanation of the Gerson Therapy to show a friend, this article is a great presentation.

The Institute has ordered reprints of the issue, which should arrive in California by about mid-March, when they will be offered for sale by the Institute for \$7 each, plus postage.

Supplies are limited, and this issue is an absolute classic. They won't last long, so order yours from the Institute today.

Give a gift of Healing in 2004. A gift membership to the Gerson Healing Newsletter will bring healthy news all year long.

Recovered Patient Story: Ocular Melanoma Do-It-Yourself Cancer Control

by Alan Gorg

At the UCLA Stein Eye Institute, my oncologist had thirteen colleagues there visiting, leading experts from all around the world, and all gazed into my eye and agreed with his diagnosis of ocular melanoma. Worse, it was already grown into stage II, locally metastasized. He said there was no choice. The eyeball had to be cut out. Or else burned out with radiation.

It was the eye or death. And the surgery must be immediate. There was no time to lose, because a delay of even a week or two risked death because melanomas move like lightning, and at any time this thing could be out of my eye. Like all ocular melanomas, it would then go directly down into my liver. My life would be over in about eight months. They emphasized that ocular melanoma is an especially nasty type.

But even with surgical removal of my left eye, my chances of survival would only be 70 percent because there might be cancers already metastasized up the optic nerve out of the eye but too small yet to be detected. If

I didn't die within three years after the operation, then I would be declared free of cancer, because even the smallest ocular melanomas will kill that quickly. A second opinion at USC's Doheny Eye Institute concurred in prescribing enucleation of my left eye but cut the estimate of my chances to 50 percent.

I went home to my computer and punched "cancer cure" into a Yahoo search. The lead answer came up with the Gerson website. I had heard the name Gerson but knew nothing about the program. At that time, thankfully, the Gerson site offered much more information. There I found the study done in cooperation with the Cancer Institute at the University of California at San Diego showing 100% cure rates for Stage I and Stage

II melanoma patients under Gerson therapy. The Gerson diet of organic produce and raw juices sparked memories of another healing struggle thirty years before. I had dealt with infectious staphylococcus through diet, but I never thought a similar approach might work with cancer. Still, that experience did show me the power of diet, so the Gerson approach did not seem unreasonable.

After my first five years of no significant change in the size of the melanoma, the doctors at UCLA relented and stopped wanting to take my eye out, and I was told to just keep on doing what I have been doing and return yearly. Many people wouldn't want to be as thin as I am. A simple vegan diet prepared daily from fresh produce may seem like hell on earth to

some people. But if you can get into it like myself, I have eaten oatmeal and ginger with smoothie almost every morning for almost seven years and enjoyed every morsel. I have eaten a bunch of slow baked russets with leeks and tomatoes and other

veggies every day over the same period and have relished the fresh taste every time. There is nothing like fresh food if you can rid your tastebuds of the effects of strong stimulants like salt and white sugar and caffeine. The taste for the natural develops from the brain after you realize what to do and start doing it in the kitchen.

During these past six years, there has been so much compounded stress in my life that I am amazed I haven't had a bunch of relapses. The first few years, my mornings were especially rough, but that has smoothed out somewhat of late. Another three years, and it will be ten years since my diagnosis.

I am not only still alive: I am good.

Thank you, Dr. Gerson.

Do You Have Your Own Copy of Dr. Max Gerson?

Just before last Christmas gift-giving season, the Gerson Institute sent out flyers to past and present membership, friends and former patients and others, inviting them to acquire their own copies of *Dr. Max Gerson: Healing the Hopeless*, and to think about giving them to friends and family as thoughtful and thought-inspiring gifts. This biography of Dr. Gerson follows his life and family through WWI, WWII, the Holocaust and his American experience, documenting the development along the way of his powerful Therapy, that has now saved so many lives, including those of many of our readers.

We have gotten many happy comments from readers, including an excellent review



from the *Journal of Orthomolecular Medicine*, a leading alternative medical journal.

The response to our invitation was very gratifying, and showed that there are many people who did not yet know that there was a biography of this inspiring and courageous physician who literally risked everything to bring Nature's own healing methods to people desperately in need of the information. The story of his lifelong struggle will move and inspire you.

If you haven't yet, you should order one today from the Institute.

"This biography should be required reading for every medical student." — Abram Hoffer, M.D.

"*Dr. Max Gerson: Healing the Hopeless* is a tribute, an education, and a warning: there is a price to pay for true lifesaving innovation in medicine." — Andrew Saul, Ph.D., review in the *Journal of Orthomolecular Medicine*.