



ESSENTIAL BIMONTHLY HEALTH NEWS FOR GERSON THERAPY PATIENTS AND HEALTH CONSCIOUS INDIVIDUALS — FROM THE GERSON INSTITUTE

“Dying to Have Known”

Kroschel Completes New Documentary

by Howard Straus

It's really done! The documentary that we spoke of in the last *Healing Newsletter* (Vol. 21, No. 2, Mar./Apr. 2006) was finished exactly as predicted, the day before Charlotte Gerson's 84th birthday, March 27.

Now, considering how much work there is to do on a movie, and the fact that Steve Kroschel achieved this monumental task, like *The Gerson Miracle*, virtually by himself, you will appreciate the speed and efficiency of the film maker.

To make matters even more difficult for himself, in the course of his filming, Steve not only traveled all over the United States, he went to Holland to interview a Dutch MD, Wilko van der Vegt on his over-20-year Gerson practice, and traveled with Wilko to the site of a clinic he is opening soon near Marbella, Spain.

He then flew to Japan, where he interviewed Prof. Yoshihiko Hoshino, MD, a professor at a Japanese medical school and a Gerson Therapy cure (14 years) from colon cancer with liver metastases, who has been treating patients with Gerson

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Eugene “Gene” Lyons

Five Year Recovery from Melanoma

by Charlotte Gerson

Eugene Lyons (he prefers to be called “Gene”) was born in December, 1949. In March, 2000, he noticed a small mole behind his ear. He had actually noticed “something” about a month earlier, but hadn't thought much about it. His fiancée suggested that he have it investigated. The general practitioner Gene saw suggested a biopsy that was done in May and revealed a second stage melanoma.

Gene had been working at an antique restoration business and probably had a good deal of heavy metals in his system. Further, he had built up a thriving organic distributorship that a competitor managed to ruin through unethical means. However, prior to treatment with Interferon, he had never suffered from depression.

On July 7th, Gene had surgery, a two inch square piece of skin was removed, including all the tissue right down to the skull. The surgery revealed that the melanoma

was, in fact, not level II, but level IV. The surgeon pulled the remaining skin, stretching it in order to cover the bare area of bone. This caused severe pain for a while after the surgery. Besides the skin, the surgeon also removed some lymph nodes

below the ear. These were all clear.

Gene followed up two weeks after the surgery with Dr. Kirkwood, Pittsburgh's most famous melanoma specialist, who suggested one month of Interferon treatments. However, while Gene was still in his office, the final surgery report, showing level IV melanoma, arrived noting a 60/40 chance that the margins were *not* clear. At that point, Dr. Kirkwood said that Gene should take not one month but one year of

Interferon! After the consultation, a comment from the doctor's nurse deeply shocked Gene. She said, “If we can get you through one year...” For the first time Gene understood the seriousness of his situation, and was deeply discouraged.

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Eugene “Gene” Lyons

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New Documentary ...

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Therapy for nearly 14 years with spectacular results. He also filmed Dr. Takaho Watayo, a great admirer of Prof. Hoshino's, and one of Japan's pre-eminent oncology surgeons, who is using the Gerson Therapy for post-operative care of cancer patients. Dr. Watayo has had such excellent results that he presented a paper to a Tokyo symposium and published it in a journal, causing quite a stir.

Steve visited some severe critics of the Gerson Therapy, and allowed them to have their unimpeded and unedited say, and you can imagine what *their* opinions were: total denial of *any* benefit to *anyone* from the Gerson Therapy, organic food or coffee enemas. Interspersed with these opinions were praise and documentation from top scientists, experts in nutrition, agriculture, surgery and natural therapies, and interviews with healed patients and their families. Steve even found and filmed Bill Schickel, now 88 years old, one of Dr. Gerson's healed lymphoma patients from half a century ago!

As usual, Steve's photography of his home state of Alaska, the fertile fields of Pennsylvania, fruits and vegetables, the Roman ruins near Marbella and his assorted wild animal friends is simply stunning, partially because he filmed the entire work on 35mm film stock, not videotape, and partially because of his irrepressible artis-

tic flair.

Steve is now looking for a major distributor for this film, which certainly deserves it. If *The Gerson Miracle* won Best Picture at a film festival, *Dying to Have Known* should (in our humble and totally unbiased opinion) win an Oscar! Just the significance of the evidence that Steve presented, and the testimony from established experts makes this film a watershed. If skeptics and critics actually watch the film and still feel that the Gerson Therapy is untested, unproven nonsense, their minds must be welded shut.

The film will be available on DVD within a month or so, and the Gerson Institute is taking orders now (\$24.95) for early delivery. They are also offering a bundled package: both Kroschel films for \$40 (instead of the normal \$49.90) when ordered early and together! If you liked *The Gerson Miracle*, you're going to love *Dying to Have Known*!

We've watched the film on a big screen as well, and the sweep and grandeur of Steve's cinematography deserves to go theatrical on a national or international scale.

Bravo to Steve Kroschel for another powerful testimonial on the Gerson Therapy!

in 2003 at the age of 89, and during these many years had been in great health! Gene was encouraged and in October of 2000, after five weeks of drug treatment, took himself off the Interferon. On December 10th, he entered the Mexican Gerson clinic and started the strict Gerson Therapy.

His problems didn't clear rapidly. One of the most serious side-effects of Interferon is that it causes very deep depression. Gene had this problem along with such serious physical, emotional and mental weakness that he had a very hard time continuing, even after starting the Gerson Therapy. He had much encouragement from his fiancée, who was very positive—yet he was in such poor emotional condition that he didn't think he would survive.

Eventually, Gene consulted a psychiatrist who urged him to take an anti-depressant drug. Gene resisted at first, but was finally unable to manage and took a tiny dose (about a quarter of the prescribed amount) of the prescribed drug, Klonopin®. Even after the first dose, he felt as though a heavy curtain had lifted from his mind. He actually continued taking anti-depressants (Celexa® later) for about a year before weaning himself off them.

His energy returned, he started hiking and joined a professional choral group. Gene remains in good health.

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.

Gene Lyons ...

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High dose Interferon therapy began one month later. The drug's effects were devastating: Gene became very weak, depressed, lost about 50 pounds, felt hopeless, ran fevers, had shakes—and eventually was unable to continue the drug.

Many years earlier, one of Gene's aunts had heard of Gerson via Dorothy Day. Apparently a friend who was very seriously ill had been sent home and told 'to get her affairs in order' was helped by Gerson in the early 1940's. This person finally died

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Howard D. Straus, Editor

Please address all letters and comments to:

The Gerson Institute
1572 Second Avenue
San Diego, CA 92101

☎(619) 685-5353 fax: (619) 685-5363

e-mail: mail@gerson.org

URL: <http://www.gerson.org>

Anita Wilson, Executive Director
Carol Beard, Dir. Professional Services
Diane Ake, Resource Development Spec.
Nan Southern, Client Services
Barbara Conde, Client Services
Barbara Garcia, Client Services
Erinn Snively, Client Services
Marta Veronica Garcia, Client Services
David Herbert, Chef

ONLINE NEWSLETTERS, EMAIL LIST, ENDOWMENT, EARTHFAR

Thanks to all of you for your membership! Your support and encouragement keeps us going! I have so much news to tell you that I am sharing Anita's column for this edition.

First of all, you can now order individual copies of our newsletter on-line, starting with the last edition, through the STORE section of our website. Just go to *Newsletters* and click on the "electronic PDF version" for the date/volume you want.

Secondly, we are starting an email list. We plan to email updates, invitations to events, late-breaking news and more. Please email, call or write to Client Services (info@gerson.org) with your email if you want to be added to our list.

Third, we are now starting to build an endowment with the assistance of ENDOW San Diego (www.endowsandiego.org). Endowments are permanent. They are funds with the requirement that the prin-

cipal is never spent. The balance in these funds is invested, earning income that is then spent for our work in perpetuity. If you are interested in finding out how you can make a gift to our endowment fund (including property, stock, life insurance or retirement assets), please contact me.

Additionally, we have started receiving matching gifts from corporations such as Hewlett Packard with an Employee Giving program. When an employee donates to us, the company matches their gift. Some companies are also more likely to donate directly to organizations that their employees contribute to or volunteer with. We will be sending a survey to you in the upcoming months to find out where you work.

We also joined GET TO GIVE (www.getto-give.com), a local San Diego community network that will be expanding nationwide through on-line shopping in the future. When our supporters shop with merchants

in the network, those businesses donate 3% to 18% of every purchase to the Gerson Institute.

Gerson Institute will have a booth at the 17th Annual EarthFair on April 23rd in San Diego. It attracts 60,000 visitors and is the largest free annual environmental event in the world. We are excited to get our message out to so many new people.

Lastly, we are taking the beginning steps to research the results of the Gerson Therapy, beginning with documenting the information we currently have on over 1,700 Gerson Therapy patients. After we complete these steps, we can apply for research funding to conduct more extensive studies. A University of California at San Diego researcher is volunteering his time to mentor us.

I wish that I could meet and talk to every single one of you. If you have ideas for us or just want to talk, give me a call.

Diane

Grateful Donor Initiates CGA Program

by Diane Ake, Development Spec.

Alan Dworkin lives in the Chicago area. He has three children and six grandchildren. He worked for many years in real estate management. Alan recently purchased a charitable gift annuity as part of the Gerson Institute Planned Giving Program.

What are the benefits of a CGA for you, and would you recommend this to others?

"I know a win-win situation when I see one. A charitable gift annuity is an ideal way for me to express thanks to an organization that has played a big role in my life and at the same time to secure a future ongoing income stream. The return is far better than from Certificates of Deposit (CD's). It is an investment that makes sense and at the same time is helping a worthy cause."

Why did you want to give a CGA to the Gerson Institute?

"I am grateful for the education and

information I have received over the years from the Gerson Institute. I always know that if I ever needed you, you would be there for me. Just learning and reading about the Gerson Therapy has been, and still is, wonderful. I want you to be able to continue your work."

A charitable gift annuity (CGA) pays you (and an additional annuitant, if you desire) a predetermined amount on a regular basis—either quarterly, semiannually or annually—for life. It can be established with cash, securities or other property. CGA's offer several advantages: Donors (age 50 years or older) receive an income tax charitable deduction for a portion of the gift. Capital gains tax on appreciated stock or property can be mitigated and the donor's estate is reduced by the amount of the gift.

For additional information on how a Charitable Gift Annuity through the Gerson Institute may serve your needs, please call Diane Ake, Resource Development Specialist at (619) 685-5353 ext. 109 or email dake@gerson.org

Search the Web, Help the Institute, For Free!

by Diane Ake

What if every time you searched the Internet, money went to the Gerson Institute?

Raise money for the Gerson Institute by using [GoodSearch.com](http://www.GoodSearch.com) to search the Internet. (The site is powered by Yahoo! You use it like any other search engine).

1. Go to www.goodsearch.com
2. Type in Gerson Institute into the "I support" box and click on "verify"
3. GoodSearch shares its advertising revenue with charities so every time you search the web at Good Search, you'll be earning money for us.

The more people who use the site, the more money we'll earn, so please spread the word!!

It's Time to Dump Fluoridation!

by Darrel Crain, DC, Health Writer

"Water, gentlemen, is the one substance from which the earth can conceal nothing. It sucks out its innermost secrets and brings them to our very lips." By coincidence, Jean Giraudoux wrote these words in 1945, the same year fluoride was first brought to American lips through the municipal water supply of Grand Rapids, Michigan. And so began the Great War on Cavities. Water supplies in the cities of America that day became Weapons of Mass Medication. The noble goal of this war, of course, was to enhance children's dental health. Unfortunately, as Mr. Giraudoux also observed, "Everyone, when there's war in the air, learns to live in a new element: falsehood." It turns out that water also sucks out dirty industrial secrets and we are expected to swallow them.

The "father of fluoridation," Dr. Trendley Dean assured everyone in the 1930s and 1940s that the addition of fluoride to water was "safe and effective," even "necessary" for strong bones and teeth. Dr. Dean later gave courtroom testimony on two separate occasions that his original claims were based on invalid statistics. Perhaps we are now in a position to realize that "safe and effective" is a powerful secret code used by captains of American industry in place of a different term, "hideously toxic."

We have only to recall that DDT in that same era was considered "safe and effective," so much so that it was freely sprayed in classrooms and on the picnic tables of American schools. Oops! What about the assured safety of asbestos-lined pipes? Sorry! Or harmless leaded gasoline? Wrong again! Or the lingering global legacy of leaked PCBs from transformers? Way bad. All these products, save fluoride, have been removed from common use, but only after fierce political battles were waged to overcome powerful economic interests.

California state law now requires fluoridation of municipal water. A large portion of San Diego County will begin receiving fluoridated water within a year or two, in

spite of strong public opposition. The scientific and ethical arguments against fluoridation are so overwhelming, one must ask, how is it possible that fluoridation retains enough support that laws are enacted against popular will? The apparent answer was well stated by Upton Sinclair, "It is difficult to get a man to understand something when his salary depends on not understanding it." In order for the rest of us to understand fluoridation, let's all go take a hike and follow the money trail!

First, what does fluoridation mean? Do we add calcium fluoride, which is naturally present in water to a varying degree already? No. Do we use pharmaceutical grade sodium fluoride such as the stuff your dentist puts on your teeth (and pharmacists once sold as cockroach poison)? Nope, neither. The answer is in a riddle: What toxic waste is very dangerous to handle and expensive to dispose of, unless you happen to sell it as a medicinal product to be added to water? You guessed it! It is a 23% solution of the highly toxic industrial waste, hydrofluorosilicic acid, scrubbed out of the smokestacks of the fertilizer and aluminum industries. Yum! What other tasty ingredients do you suppose make up the remaining 77% of the solution? Ladies and gentlemen, the odor you smell is the fresh scent along the money trail. "The fluorosilicic acid is also contaminated with small traces of arsenic, cadmium, mercury, lead, sulfates, iron and phosphorous, not to mention radionuclides," according to the *Earth Island Journal*. Whoa, I'm getting thirsty!

No self-respecting money trail would be found dead without a few bodies of evidence buried in the ditch alongside, a decent smoldering scandal lying across its path, or shredded bits of inconvenient science littering the trail. Let's see what we can dig up.

For starters, Americans already ingest significant amounts of fluoride in beverages and processed foods. The Centers for

Disease Control (CDC) admits that 32% of American children already display physical signs of fluoride overdose, called fluorosis, the discoloration and pitting of the teeth. Despite assurances that this is a "strictly cosmetic" health problem, evidence to the contrary is accumulating. The largest and most comprehensive study to date looked at two New York cities. Newburgh, which has been fluoridated for fifty years was compared to non-fluoridated Kingston. The study found no significant difference between the two cities for children's decayed, missing and filled teeth, but discovered twice the rate of dental fluorosis in children in the fluoridated city. Other studies in fluoridated cities have shown an increased risk of hip fracture in the elderly, as well as increased lead levels in children's blood. Then there was the Harvard researcher who last year apparently attempted to cover-up evidence linking fluoridation to a five-fold increase in a type of fatal bone cancer in young boys.

Julius Caesar once noted, "All bad precedents began as justifiable measures." Progress in science inevitably produces loads of mistakes, but the key is to avoid repeating them. Cicero's words from 2,000 years ago still ring true, "Any man can make mistakes, but only an idiot persists in his error."

A common belief holds that modern public decision-making no longer relies on superstition and politics, rather it flows from pure scientific reasoning. If that were true, do you suppose we would have so many modern skyscrapers with no thirteenth floor? The myth that fluoride is an essential nutrient has long been laid to rest. The time has come for American industry to dispose of hydrofluorosilicic acid in some other way besides forcing Americans to drink it.

Let us admit that mass medication in the nation's water supply is a bad idea. As Robert Dickson, M.D. pointed out, "Dental decay is a condition associated with poor nutrition, overuse of sugary foods and drinks, poor dental hygiene and lack of good quality basic dental care." Citizens, let us lay down our weapons and pick up our toothbrushes!

The Threat of Genetically Modified Organisms (Part I)

by Dr. Giuseppe Nacci

Cancer is a degenerative disease caused by a lack of vitamins and poisoning from chemical substances present in food. One can estimate the number of vitamins and pro-vitamin substances present in natural plants commonly used as food by humans, as more than 15,000 to 30,000. The introduction into modern agriculture of Genetically Modified Organisms (GMOs) is an unjustified and dangerous alteration of what Evolution has produced in plants over hundreds of millions of years: plants on which the subsequent biochemical evolution of superior complex animal organisms has been based, culminating with the advent of mammals in the last 65 million years and then with the arrival of Man. The delicate biochemical balance of the human race depends on plant species remaining integral, just as evolution created them, because the health of every one of us is based on the biochemical human cell, and this depends, through the complexity of the DNA, on the use of thousands of vitamins and of the herbal-chemical compounds present in nature.

GMOs

To get maximum agricultural production today we resort to changing the genetic patrimony of natural plants, with the aim of changing their structure and making them sterile (thus farmers have to buy new seeds every year), patenting the transformation induced and re-selling the product all over the world. It has been stated that there is a substantial equivalence between the genetically modified product (GMO) and that obtained by selecting genetic characteristics (that is by means of naturally cross-breeding plants as has been done by man over the course of thousands of years). However the idea of "substantial equivalence", cannot be supported, because the natural crossbreeding of plants uses seeds of the same species, while genetic manipulation (GMO) crosses all barriers, and introduces genes from other types of vegetable species or even bacteria, viruses and animal genes. In fact the majority of genes used in genetic engineering come from living species which have never been a part

of the human food chain and actually come from the DNA not of plants but of animals, bacteria or viruses and/or transgenic retroviruses.

As a doctor qualified in nuclear medicine the author has had the opportunity to study the effects of ionizing radiation on complex organisms for years. It is his personal view that plants, too, are complex organisms; every genetic modification caused by man (through radiation such as that emitted at Chernobyl, or viruses such as presently used in GMO), however small that modification may be, will cause damage, irreparable damage which often cannot be seen, because man has only discovered a limited number of safe vitamins and pro-vitamin substances. There are, however, tens of thousands of vitamins and other substances present in plants, and it is these which are responsible for the correct functioning of the biochemical human complex and the human genome (DNA).

SEVEN immediate threats can be identified:

FIRST: *The impoverishment of pro-vitamin complexes and vitamins in plants.*

Vitamin and pro-vitamin compounds no longer present in foods, with the consequent increase in degenerative and deficiency diseases like Cancer. On this subject, recent scientific research has shown that transgenic food causes the immune defense system of rats to collapse, with the subsequent appearance of tumors.

The deliberate attempt to deactivate the natural substances in plants (with Fortilin, Bcl-2, Bcl-xl) is, for example, very serious. These are vitamins which enter into the complex enzymatic mechanism of DNA in mammals, inducing the apoptosis (suicide) phenomenon in these mammals' cells if they are diseased through infection or other illnesses (such as cancer). This action of blocking apoptosis, introduced experimentally into the tobacco plant by means of a virus, is a serious act of deliberate damage inflicted on the ecosystem by

means of GMO; damage which, if it is propagated on plants in commonly used foods, may make it completely impossible to cure tumors and other diseases by the methods considered in this study. See: Ichiro Mitsuvara: Animal cell-death suppressors Bcl-x and Ced-9 inhibit cell death in tobacco plants, *Current Biology*, Vol. 9, No. 14, pp. 775-778.

In addition to the possible disappearance of anti-cancer vitamins that induce apoptosis (suicide) of tumors there is the elimination of seeds from GMO fruits. The importance of seeds as anti-cancer factors resides principally in the fact that they contain vitamin B₁₇.

The big GMO seed companies are putting onto the world agricultural market fruits such as Cucumis melo, Citrus limonum, Citrullus vulgaris, Solanum lycopersicum, Vitis vinifera, without seeds to inflict deliberate damage on the ecosystem.

SECOND: *genetic mutation of plants and the subsequent alteration of human biochemistry*

Because of the introduction of foreign genes (for example from animals, bacteria, viruses and retroviruses) into the DNA of plants, an alteration in the normal genomic sequence of the plant occurs, with the appearance of new proteins and/or the loss of other proteins from a genomic sequence. New substances similar to natural vitamins have appeared, but which actually have enzymatic and biochemical characteristics different from natural ones, and therefore impose changes in their biochemical activity on the human genome, once they have been introduced through food.

Hence there is the potential risk of new diseases of an "artificial" type, caused by the manipulation (GMO) of vegetable organisms, genetically polluted by new vitamin molecules with totally unknown inductive effects on the human DNA, but, given its extreme complexity and vulnerability, probably heralding serious damage.

THIRD: *the threat to the anti-cancer diet*

As has already been demonstrated by Gerson and other authors, many substances contained only in biologically grown raw fruit and vegetables are able to

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Ned Wright's Recovery: Five Years, and Going Strong

by Ned Wright

As I sit here writing my cancer story, I ask myself, "How can I describe in words, the miracle I lived through?" So, since I am not a writer, nor do I fancy myself as one, I will just start at the beginning, and end at the end.

The year is 1999, and the doctor had just told me that he believes I might have testicular cancer. He explained that they would have to remove my left testicle and then biopsy it. I can remember being very concerned with the diagnoses of cancer as I had always equated this as a death sentence. But my doctor did not seem overly concerned.

After the surgery, he confirmed that it was cancer, and called it seminoma. The doctor said that he believed that all the cancer was gone, but that I could do radiation to ensure its removal. I opted for no radiation instead.

Then about six months later, I woke-up one night with severe pains by my kidney. My doctor sent me for a CT scan and a needle biopsy. He confirmed that the cancer was back, and in my lymph nodes, and that a mass was pushing against my kidney. Now this seemed serious to me but my doctor and radiologist assured me that my type of cancer was easily destroyed by radiation. My doctor said that my cancer was very sensitive to radiation. I remember reflecting on pictures of Hiroshima and thinking that generally every living thing is sensitive to radiation. But, he is a doctor; he must know what I need to recover.

So, a week later I started radiation. I always thought it was interesting when the nurse would say, "Stay still, and do not move," then she would run out of the room, shut the door and yell, "Here we go." Except it was never we, it was just me. After the nurse yelled, the machine directly above me would start popping and snapping as it sent the radiation deep into my body. I did radiation twice a day, five

days a week, for twenty-two sessions altogether. After graduating from radiation academy, I was sent to have a P.E.T. scan and everything looked good. All that was left was some dead cancer scar tissue. So, we celebrated, I hugged the doctor and thanked him for nuking me, and left to live happily ever after. Except, six months later I was having pain again in my lower left pelvis. So now it's off to see the oncologist for a chemotherapy consultation.

I did a P.E.T. scan and my oncologist confirmed that my cancer was back. I was bummed-out with this diagnosis, but again the doctor confirmed how easily my cancer is destroyed with chemotherapy. In fact, he said there was a 95% cure rate. I forgot to mention that my surgeon, and radiologist had given me the same odds. Upon reflection, I should play poker with these guys! I remember reflecting on the Chem-Warfare training I received in the Marine Corps, and thinking that it did not make sense to put this stuff in your body, but my doctor knew what was best for me! Anyway, my oncologist explained to me that I would be getting the same great chemo that Lance Arnsrton had received. Lance could drink chemo for breakfast and then win the Tour de France! I was pumped-up, what great thing would I do after receiving my chemo. So, I started chemo with a schedule of five days of chemo in a row, then two weeks off, then a week of chemo and so on, for four sessions, or twenty days of chemo.

I started chemo weighing a very muscular (and ruggedly handsome) 225, and ended weighing a sickly, bloated 265. I cannot describe in words what chemo is like, except I would not wish it on anyone. Simply get on the Internet and Google chemotherapy side effects: it makes for interesting reading. So, as I went through chemo, I remember doctors telling me how advanced they have become with chemo as compared to the old days. I can-

not even imagine what horrors people must have experienced. One month after my chemo had ended I received another P.E.T. scan and things were not looking good, but it all ended as inconclusive. Six weeks later I did an additional P.E.T. scan and was told the cancer was back, and now it had moved into four places in my liver! The biggest mass in my liver was 4cm x 4cm. Cancer in the liver: I had received a "death sentence!" I was to become the guy you hear about, you know, the tragic story of the good guy who struggles with cancer and dies leaving a wife and three girls without a father! I was stunned with this news. I went home and through tears told my daughters what my diagnosis was, and that I needed a miracle from God. That was four years ago, and I can still feel the pain in my heart today as I think about it. What a total feeling of hopelessness and ultimate failure.

So, now my oncologist said that I should do a bone marrow transplant with "high-dose chemotherapy." I can remember saying what the *heck* was the dose of chemo I received? The new oncologist explained that I would have to do half of the original chemo first, to see if I could do the high dose. Then, after taking what good bone marrow I had, they would give me high-dose chemo, and as the doctor said, "bring you almost to the point of death, then put your marrow back in and see what happens." I asked what the cure rate was, and he said 20%. I had dropped from three procedures that were 95% down to 20%. I told my new oncologist that I would rather go home and die with some dignity, than for my family to watch me suffer through this torture. Plus, I had given them three chances to cure me, and they had failed miserably! I was given three to six months to live.

Okay, lets summarize; I was diagnosed with testicular cancer called seminoma; I submitted to surgery, then radiation, and finally chemotherapy with each one providing a 95% cure rate; after chemo I was a sickly, bloated 265 pounds with cancer now in four areas of my liver; my final option was to do a bone marrow transplant and high-dose chemo with a 20% cure

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Ned's Story ...

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rate; I was out of options as the high-dose chemo was definitely not an option for me! So now what?

I remembered a lady whom I had met twenty years earlier who was drinking an orange-colored juice one day. I asked her what it was, and she explained that it was carrot juice. Yuk, why would you want to drink carrot root juice? She told me that she had been on a special diet because she had been diagnosed with thyroid cancer, and carrot juice was a major part of the diet. I asked what the name of the diet was, and if it worked for her. She said it was the Gerson diet and that she was cancer free at her five-year anniversary! I remember saying, "Wow, if I ever get cancer, I'll just do that diet." But, when you do get cancer, it's almost impossible to walk away from our incredible medical cancer machine unless you've been spit out and deemed "terminal." I was terminal, a medical reject, stamped incurable!

I started the Gerson diet on April 3, 2001 at the [Gerson Hospital] in Tijuana, Mexico, exactly 5 years ago!

I stayed in this clinic three weeks learning the hows and whys of this diet. I read Dr. Gerson's book, his daughter Charlotte Gerson's book, and Dr. Gerson's grandson's book. I became a student of the "Gerson Therapy." While in the clinic, I met Charlotte Gerson, and her greeting in a German accent was, "You are much too heavy, but soon you will lose this weight!"

Genetically Modified ...

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induce the immune cascade against tumors, bring about detoxification and the particular phenomenon of apoptosis (suicide) of diseased cells. The explanation of the effectiveness of these vegetarian diets lies in the fact that patients do not consume food containing all the potential factors which promote cell growth, in particular they do not simultaneously consume the nine essential amino acids (Valin, Isoleucin, Leucin, Lisin, Metionin, Hystidine, Tryphtophan, Phenylalanine,

I loved her from the moment I met her! Each week at the clinic my blood was tested. And, each week my blood continued to improve. In fact, at the fourth month of my diet, my blood-work was completely normal!

After leaving the clinic, I came home and continued the diet for three years. What great doctors the Gerson people are: they truly have a passion for healing. I went through all the healing crises that are explained in the book. Of course with each crisis I was convinced that I was dying! While doing the diet, I studied all the different vegetables that Dr. Gerson used for the drinks and soup. I was amazed that he was able to put together such a disciplined nutritional program with a very limited amount of research available. Of course, in Dr. Gerson's book he stated that his selections of different nutritional vegetables were born out of the observations performed in his clinic. I faxed blood-work to my Gerson doctors every three months and we would make changes in supplements as well as my diet.

I have regained my vibrant health, and started lifting weights again last January. This little testimony does not do justice to the horrors I experienced within our medical machine, nor the [difference in] three years on the Gerson Therapy.

Before I provide bullet points of what I learned, I would like to thank some people. First, I want to thank Dr. Gerson for his passion towards medicine and commitment to the healing of the sick, for his love of healing the incurable, and the discipline

Treonine), nucleic acids (DNA, RNA), vitamin B₁₂, folic acid and also para-aminobenzoic acid [PABA]. Once, the foods which contained all of these were of animal origin (meat, fish, eggs, milk, cheese, butter); both Gerson and other authors (including Chinese and Indian medicine) forbade the consumption of these foods for at least a year. A vegetarian diet, based on cereals, fruit and vegetables, is, thus, the winning diet. These foods are rich in protein and their use in cancer therapy by Gerson and other Western, Chinese and Indian schools of natural medicine might seem surprising. No cereal

to perfect the Gerson Therapy. I want to thank Charlotte Gerson for her heartfelt commitment to ensuring that the Gerson Therapy is available for those with no hope. And finally, I want to thank everyone involved at the Gerson Institute in San Diego. Your dedication saves lives and provides hope for people given the death sentence! And finally, I want to thank Jesus for saving me both physically, and spiritually! I am a better husband, father, and friend today.

The following is what I have learned in the last six years from the above experiences:

- The progression towards disease is a slow decline that is sometimes unnoticeable until the diagnosis. The progression towards optimum health is a slow incline noticeable only to those who have experienced that loss.
- I did not get cancer because my body needed radiation or chemotherapy!
- Take charge of your own health, because your doctor does not die with you!
- The human body is amazing, give it what it needs and it will do the rest!
- Nourish your body with the best food that God gives you, and nourish your spirit with His written word.

While Ned is extremely busy, he has generously offered to allow patients to call him if they need reassurance of help with their Therapy. His telephone number is (602) 996-4016, and please remember that he is in Phoenix, Arizona, for time zone reference.

and no vegetable contains the nine essential amino acids. However, if consumed together at the same meal they determine the intake of the nine amino acids. With the introduction on the market and possible contamination of all cereals, pulses and other vegetables with GMOs, many of these foods will contain ALL the essential amino acids, effectively rendering cancer NO LONGER curable by natural therapies like that of Gerson and many other authors.

FOURTH: *diseases induced by transgenic viruses*

continued on page 9

Hungarian Boy with Ewing's Sarcoma

Tamas Istenes: an Update

by Charlotte Gerson

The below original article appeared in the Healing Newsletter in 1995.

Beata [Bishop] is a native of Hungary. She was diagnosed with spreading Melanoma in 1981 and recovered on the Gerson Therapy. During her therapy, she wrote a delightful book, *A Time to Heal*, describing her experiences and feelings. After her book was translated into Hungarian, she was in great demand as a speaker in Hungary. She travels there twice a year and lectures to medical staffs on the Gerson Therapy along with psychological healing. As a result, we have seen a number of Hungarian patients in Mexico. During the month of May, 1995, just before her present trip to Mexico and the Gerson Institute in Bonita, she spent a few weeks in Hungary where she spoke to and met with some former Gerson patients. She brought back a number of recovered patient stories. The most exciting and dramatic one was that of Tamas Istenes. He was seven years old when he was brought to Mexico, in June, 1993. In March, 1992, he was diagnosed with Ewing's Sarcoma (a diffuse endothelioma or endothelial myeloma forming tumors on long bones, for which *Medical Diagnosis and Treatment* claims "very poor prognosis").

He had been treated with chemotherapy prior to coming to Mexico, but his cancer had spread from his pelvis into the soft tissues. He was pale and thin, and had lost his hair. He was surprisingly well disciplined and willing to eat the unsalted, vegetarian foods and drink the fresh juices.

On one of her trips to Hungary, Beata was able to visit the Istenes family. She brought back two pictures of Tamas: one made at the time of his visit to the Mexican Gerson Hospital—bald, thin and sickly looking. The other one, a strong healthy looking kid, then nine years old, after two years on the Gerson Therapy. His dramatic recovery is underscored by another fact:

He was one of a group of seven children all suffering from Ewing's Sarcoma, who were all being treated with chemotherapy at the same time as Tamas. The six others, without Gerson Therapy, are all dead. Tamas is



Tamas Istenes with Charlotte Gerson, Mexico, 1993



Tamas back in Hungary, 1995

alive and well. His mother said that he had excellent appetite and is active and growing normally.

We have an update on Tamas' recovery:

In March of 2006, Tamas' mother sent an e-mail, as follows:

My name is Mrs Erika Istenes. My son, Tamas Istenes, had Ewing's sarcoma in 1991-1992. We spent two weeks with him in the Gerson Hospital in Mexico in June 1992, and he was very successful with the Gerson Therapy. His tumor disappeared in three months, and [he is] very healthy today as well. He was seven years old at that time, and he just turned 20 in January.

The most important impact of this story is the response to the criticisms of jealous orthodox oncologists: When patients who have previously been treated with chemo recover on the Gerson Therapy, they claim that it was the chemo that 'cured' them! The above story shows that chemotherapy killed six children who were treated exclusively with these toxic drugs; only Tamas, the one child who was *removed* from the group and did the Gerson Therapy recovered, and has now survived for 13 years.



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Drug Experiments go Horribly Wrong

by Charlotte Gerson

In the course of my lectures, I have often warned audiences about volunteering as guinea pigs for new drugs. The problem is that in many cases, the presentation by the patient's doctor is not clear. Terminally ill cancer patients are told, "You should try a new chemo drug that has shown promise." They are not told that, because the patient has been declared to be 'terminal', his/her life is ending anyway, and it won't make any difference if he/she dies a little earlier—aside from serving a good purpose, namely being a subject for testing. Another thing the patient is *not* told is that a major reason for these 'human tests' is to find out how toxic the 'new' drug really is, and how much can be administered before the patient dies. The worst part of this situation is that the patient has to pay for the administration of the 'new' drug being tested! The patient is literally paying for his own murder.

One of these "nightmare" experiments was reported on the Internet, posted by Mike Adams, quoted virtually verbatim below:

"On Wednesday, March 15, 2006, a horrific story came to light. A new drug, produced by an American Drug Company (Parexel). The drug, TGN1412 was to be tested and approved as a treatment for arthritis, leukemia and multiple sclerosis.

"Eight healthy young men were used in the experiment. Two were given placebos; the other six are fighting for their lives. Within minutes after the injections, it was reported, patients began tearing their shirts off, screaming that their heads were going to explode. One patient's head swelled to triple its normal size, and patients were soon passing out, vomiting or screaming in sheer terror. Within minutes after the injections, patients were suffering from severe breathing attacks, convulsions and excruciating pain. Only the two who were given placebos escaped the horrors.

"Reported in *The Sun*, a UK newspaper,

the girlfriend of one of the victims said this about her boyfriend's status: "He was completely lifeless, like a shell. He can't even move his eyelids. His face is puffed out like the Elephant Man. A day ago, he was fine and now they are saying he could die at any moment. The doctors say they don't know what they are dealing with: they don't know the drug."

"*The Independent* reported, 'One victim was a 21-year-old plumber trainee. His family was told that he could not breathe unaided, and his head and neck had swollen to three times their normal size.'

"Drug companies around the world are now concerned that they won't be able to sign up more human guinea pigs for their experiments. The drug companies rely on the availability of poor people to run experiments on. They are paid a small sum for acting as guinea pigs."

We should also remind our readers of the scandal that followed Merck's withdrawal of Vioxx® from the market. This arthritis drug killed over 55,000 people in the course of five years on the market. During the last four years, Merck earned some ten billion dollars on Vioxx. And the FDA invited the drug back on the market!

Mike Adams continues: "The multiple organ failures suffered by the victims in this particular drug trial is not uncommon to see from the long-term use of FDA (Food and Drug Administration) approved drugs being widely prescribed today. People are not falling over screaming from most drugs, but they are experiencing long-term liver, kidney and brain damage due to the toxicity of common drugs prescribed to treat arthritis, depression, high blood pressure, high cholesterol and other conditions."

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Genetically Modified ...

continued from page 5

The transgenic viruses with which GMOs are treated today enter into the DNA of the plant, modifying it in a way which is unknown to us. These viruses are supposed to lie dormant but there is nothing to stop them reactivating in a manner similar to the well known RNA oncogenic viruses (Oncornavirus) or the DNA oncogenic viruses (both inducers of leukemia, sarcomas, carcinomas, gliomas). These viruses can also be the carriers of new diseases or syndromes whose dynamics are still unfortunately little understood (AIDS, Mad Cow Disease etc.), and whose origins remain very vague (perhaps transgenic viruses/GMO-Retroviruses).

There is an ample bibliography regarding viruses used in GMO Oncornaviruses (Retroviruses) and DNA-viruses (Papovaviruses, Poxviruses, Herpesviruses, Adenoviruses...)

We feel it is necessary, in oncological patients, to test for possible genesis of tumor activity through ingestion of GMO foods.

This however requires access to confidential information, possibly patent-protected, regarding the models of retroviruses used by the GMO multinationals, and the way they were modified by the companies before the commercialization of the GMO plants.

It's unlikely that the specific oncogenic DNA-virus, used by the Agro-industrial Multinational GMO (GMO-Plum-poxvirus, GMO-SV-40), can be found in the oncological patients since this DNA-virus (unlike the GMO-Oncornavirus [GMO-Retrovirus]) CANNOT be detected in the patient's serum, the urine, or in the tumor. It has nonetheless been demonstrated that in the cytoplasm of mammalian tumors cells, infected by this oncological DNA virus, remains a very little fraction, but many specific, of messenger-RNA, that does not exist in normal cells or in tumor cells infected by other DNA-viruses. A positive hybridization, created in laboratory, with radioactive hybrid DNA(32P), what we would aim for (Green, *Perspect. Biol. Med.*, 1978).

The remainder of this article will appear in the next issue of the Gerson Healing Newsletter (Vol. 21, No. 4, Jul./Aug. 2006)

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Gerson Therapy Workshops, Lectures & Events, 2006

WWW.GERSON.ORG/EVENTS

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All information was accurate at press time. We suggest you call the

Gerson Institute's toll-free number at (888) 4-GERSON for an updated schedule, or the Gerson Institute at (619) 685-5353 for more information. Advanced reservations are no longer available.

Date & Time	Event	Location	Speaker	Contact Information
May 8-15, 2006	Gerson Therapy Practitioners' Training, Module I (for licensed practitioners only)	Castle Creek Inn, Escondido, CA	Charlotte Gerson, Gerson Institute Staff	please contact the Gerson Institute for details Tel: (619) 685 5353 or (888) 4 GERSON. Fax: (619) 685 5363, email: info@gerson.org
June 16-18, 2006	Gerson Therapy Caregivers' Training Course	The Gerson Institute, 1572 Second Ave., San Diego, CA 92101	Charlotte Gerson, Carol Beard, Gerson Institute Staff	please contact the Gerson Institute for details Tel: (619) 685 5353 or (888) 4 GERSON. Fax: (619) 685 5363, email: info@gerson.org
May 10, 2006, 7:00 pm	Sneak Preview, "Dying to Have Known", by Steve Kroschel	Osio Plaza Cinema, 350 Alvarado St., Monterey, CA 93940	Presenter: Howard Straus	Cancer Research Wellness Inst., tel. (831) 625 3565, or (866) 580 2796. Email: hdstraus@sbcglobal.net.

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