

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

Newest Honorary Board Member

Dr. Abram Hoffer

by Diane Ake, Resource Specialist



Abram Hoffer, M.D., Ph.D. is an internationally recognized physician, author, medical researcher and pioneer in the use of vitamins and nutrients to treat disease. Dr. Hoffer has spent the past five decades conducting research related to the practice of orthomolecular medicine, which emphasizes the use of nutrients in optimum doses for the treatment of a wide range of diseases. His medical discoveries have been the topic of more than a dozen books and literally hundreds of research papers.

In 1952 he and his colleagues began developing a more effective treatment for schizophrenia that involved a biochemical hypothesis. They tried two nutrients: vitamin C and vitamin B₃. He found that we could double the two-year recovery rate of patients just by adding these vitamins to the program. This was the first major systematic attempt to use large dosages of vitamins

continued on page 3

Distinguished Visitors Help Us Celebrate

CGHRC's First Anniversary

by Howard Straus, Editor

The August, 2007 session at the Charlotte Gerson Health Restoration Center (CGHRC) in Encinitas, California, was honored to include two very special attendees, plus a distinguished visitor. As always, Anita Wilson and the Gerson Team brought the session to a spiritual and healing height almost unimaginable to someone who has not witnessed Anita's magic.

Your Editor, Howard Straus, had helped to coordinate the session to include Carolyn Dean, MD, ND who is also a new honorary Board Member (see *Healing*, v.22, no.4, Jun./Jul. 2007), and Joyce Riley, RN, BSNE who has her own nationwide radio network and program, "The Power Hour", with her husband, Dave von Kleist. Joyce has been a powerful supporter of the Gerson Therapy, and Charlotte Gerson and your Editor have appeared often on her show. When they do, Joyce sells many books and DVDs, and spreads the information to her national and international audience.



(L-R) Howard Straus, Dr. Carolyn Dean, Charlotte Gerson, Joyce Riley.

In addition to being a powerful media voice, Joyce Riley is the one woman tornado who brought Gulf War Syndrome (GWS) to the attention of the American people, and who testified to Congress about it, all much to the displeasure of the Pentagon, which still attempts to deny that GWS exists except in the minds of the injured veterans.

When Joyce was a nurse on the hospital flights ferrying wounded Gulf War I veterans home, she saw many illnesses and disabilities she could not explain, but was told by her superiors that it was all psychological and to ignore it. Then she and her fellow nurses got it, too. Joyce had the health care knowledge to do the research and find the most probable causes, including multiple chemical sensitivity (MCS) brought on by the numerous untested vaccinations, depleted uranium dust, poison gas used by the Iraqi and American forces, aspartame (NutraSweet®) dissociating in the extreme desert heat into formaldehyde and methyl

continued on page 2

- **CGHRC Celebrates First Year; Distinguished Guests** page 1
- **Dr. Abram Hoffer, Newest Honorary Board Member** page 1
- **Odds and Ends** page 2
- **From the Desk of Anita Wilson, Executive Director** page 3
- **Diane's Corner** page 3
- **Recovering from Prostate Cancer** page 4

- **Cosmetics—Did You Know?** page 4
- **GM Push Vilifies Organics** page 5
- **Vaccine Dangers Getting Worse!** page 6
- **Suppressed Harvard Study Linked Fluoride and Bone Cancer** page 6
- **Self Serving Criticisms** page 7
- **Meet the Gerson Institute Staff (part 2)** page 7

IN THIS ISSUE...

- **Against All Odds—With a Long Way to Go** page 8
- **Classified Ads** page 10
- **Gerson Institute Supporters 2007** page 11
- **Gerson Events Schedule** page 12

Odds and Ends ...

by Howard Straus, Editor

Earlier this year, Anita Wilson, Executive Director of the Gerson Institute, celebrated her fourth anniversary in the position. We should like to acknowledge her for her excellence in leadership, having brought back a dysfunctional organization to vibrant and creative life, with exciting programs galore and an expanding presence worldwide for the Gerson Therapy. It is hard to imagine anyone who could match the idealism and dynamism, not to mention the sense of humor, that Anita has brought to the job. Congratulations on your fourth anniversary and we hope for many more and even more expansive years of your leadership!

When we announced the publication of Charlotte and Beata Bishop's new book, *Healing the Gerson Way*, in the last issue of the *Newsletter*, we offered the book for sale for a "prepublication" price (now expired) of 1/3 off the marked cover price, with an additional price of \$4.00 for a dedication by Charlotte Gerson to benefit the Gerson Institute. We have the great pleasure to report that the Institute can't keep the books in stock, and Charlotte has autographed a couple of hundred of them, for a nice donation to the Institute. Additionally, we have sold about 30% of the initial print run in only three weeks of having the book available. We also have had ten inquiries for translation and publication in other languages, and are actively pursuing five of them.

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 US\$40.00 or more (foreign memberships US\$45.00) to The Gerson Institute.

Healing Center ...

continued from page 1

alcohol (the kind that makes you blind), etc. The Pentagon denies it to this day, yet a million more vets have returned from the second war with the same problem. We hoped to show Joyce that the Gerson Therapy could help these unfortunate and discarded veterans recover from their disabilities.

Dr. Dean has written many books, including *Death by Modern Medicine*, and is a passionate, articulate and powerful advocate for natural healing.

Together, these two dynamic women experienced firsthand the loving and healing power of the Gerson Therapy by being on it for an entire week. This way, the Therapy was not received as a theory or abstraction, but as a personal reality, and they can tell people about it from their own experiences. And these women are not shy about sharing their information.

While they were there, and your Editor was visiting with Charlotte Gerson, another visitor appeared, almost serendipitously. Jay Kordich, widely known as "The Juiceman", and his wife came to the Center to see what it was all about and to visit with Charlotte. Not everyone is aware that Jay is one of the very few people left who personally knew Dr. Gerson, as he was Dr. Gerson's patient half a century ago.

In addition to these wonderful people, there were the new Gerson Therapy chefs, one of whom (Denae) had been a Gerson Therapy patient herself, plus some volunteers and interns learning how to provide the Therapy to others. These lovely, healing women worked in the kitchen 12 hours a day to provide the delicious and plentiful meals, juices, soups and other materials the patients and guests were treated to all day long.

On Thursday morning at 6:00 AM, Joyce

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had Charlotte Gerson and your Editor on her nationwide broadcast, from the Center. The glowing reports that she gave will likely turn out to be just the tip of the iceberg, and the telephone lines were jammed with questions and with book and DVD orders.

Steve Kroschel, our phenomenal documentary filmmaker, sent a fully loaded professional 35mm cinematography camera to capture this once-in-a-lifetime grouping, and a cameraperson "appeared"; Elian, one of the wonderful kitchen volunteers had cinematic training!

By the end of the week, both women wanted to stay at the Center forever, and we won two powerful and deeply appreciative friends who are well-known for expressing themselves fearlessly and in many media. Dr. Dean also agreed to appear on Joyce's show, and Joyce will publicize and sell Dr. Dean's books, each being a resource for the other.

GERSON® HEALING NEWSLETTER

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From the desk of Anita Wilson, Executive Director

TRANSITION HOUSE, NEW CHEFS, REQUIREMENT UPGRADE

The Gerson Institute is proud to announce the development, implementation and grand opening of our first residential training facility for Caregivers ... **TRANSITION HOUSE** ... located in Northern California. This three-bed program provides hands on training and in-depth experience under the capable direction of Sharlene Knight and Marilyn Xavier. Besides having completed our Caregiver Class, the internship at the Wellness Center and additional volunteer work at the Institute, they have had an in-depth site visit completed by Carol Beard, our Director of Professional Services. Located near Mt. Shasta, Transition House is situated on 10 acres in a peaceful, country setting. If you are interested in this unique, new opportunity please contact: sharlene_wellldoit@com-pair.net or call 530-347-4320.

We are happy to announce the addition to our team of two new Chefs, Denae Hyde and Susan Duniphin. Chef Dave Herbert left our employ after two successful years of service and brought us to a

new level of culinary professionalism, effectiveness and kitchen organization and efficiency. We wish you continued success, Dave. We were able to expand our training capabilities, special dinners, and outreach to companions of patients at BNC under his capable leadership.

Denae Hyde, graduate of our Caregiver Class and highly experienced in Gerson patient care, further strengthens our companion and caregiver training services and our Wellness Center food and juicing operation.

Susan Duniphin, founder and former owner of an organic restaurant, degreed in nutrition, enhances our special fundraising events capabilities, cooking classes, development of training/educational materials and is a great resource for organic produce procurement and organic gardening. For example, Susan is beginning work on a consumer advocacy educational pamphlet on organic produce: how to select and store, seasonal availability, shelf life, organic vs. certified organic, what combinations to avoid storing together, etc. This is becoming

a critical need in some parts of the world. These two talented women are an amazing team with great Gerson futures.

At the recommendation of our Board of Directors, we have upgraded our Gerson Licensed Health Practitioner training requirements. Under the capable supervision of Kayla Smith, ND, case reviews and consults for three cases are required for this phase. We are looking at creative models for future training programs and are considering an in-residence option where a limited number would experience the therapy combined with the Module I training.

So to all of these people, I raise my glass of carrot juice in honor and celebration of the never ending creativity and endless potential to fulfill Dr. Gerson's legacy—rooted in the wisdom of the ancients, founded on the tenets of brilliant science and woven into a vision of healing the hopeless.

Be Healthy and Happy!

- Anita

What We Do at the Gerson Institute

by Diane Ake, Resource Specialist

As a reminder to all of our members, the Gerson Institute provides the following services to members and to the public:

- Referral to Gerson Trained **Practitioners**: We maintain a list of certified Gerson Practitioners (that we train). They are located in a variety of countries, including several states within the United States. There are currently five in the United States. You can find them on our website in the Gerson Therapy—Find a Gerson Clinic/Doctor section. You also can call the office to get a referral to one of these practitioners, who can receive medical records by mail and monitor and supervise Gerson patients by phone, for a fee.
- Referral to Gerson Trained **Caregivers**

(currently 10 on the list): You can find them on our website in the Gerson Therapy—Find a Gerson Clinic / Doctor / Caregiver section or call our office for a referral to a trained Caregiver who will come to your home to care for a Gerson patient, for a fee. Or to a Home Set-Up Coordinator who will come to your home for a short time to take care of the initial home set up needs of Gerson patients.

- Resources List: Check our website Gerson Supplies list or call the office to send you a listing of businesses that sell products that are needed by Gerson patients such as organic coffee and Gerson supplements.
- Free brochures: If you would like to receive a free brochure about the Gerson Therapy or have us send a brochure to others, call us, or order a brochure directly from our website home page.

IMPORTANT CORRECTION!

The phone number to call to speak to Charlotte on her monthly radio show (the first Saturday of every month from 11-12 noon PST) is 310-457-0138. (Our apologies that we accidentally gave out an incorrect phone number in the last issue).

To download a free pod cast of the show, go to

<http://www.invisiblegardener.com/rss.xml>

Dr. Hoffer Joins Board ...

continued from page 1

therapeutically. In 1955 he also discovered that niacin lowered cholesterol levels.

Today, at age ninety, Dr. Hoffer continues to practice medicine, prescribing orthomolecular regimens to patients in Victoria, British Columbia, Canada. He is also the Editor-in-Chief of the *Journal of Orthomolecular Medicine*.

Welcome, Dr. Hoffer, to our family!

A happy note from Bill

Recovering from Prostate Cancer

By Bill Nasby

Just a note to bring you up to speed on the progress in my bout with prostate cancer.

I was diagnosed with prostate cancer the fall of 1998 while I was working in Florida. It was a shock to say the least because up to this point in my life I classed myself as a model of health! I was by myself, selling real estate franchises, when I phoned my wife in Toronto she also was upset.

I headed back to Toronto for an appointment with my doctor. He told us I would have to get chemotherapy or radiation. We said "no" to both as the odds of being impotent or incontinent were too high and at any rate I was close to 70 years old and did not see the sense in such drastic action. He then suggested removing my prostate and we reluctantly agreed and proceeded to set a date for three months down the road.

The headline in an article in a health magazine that my wife had left in the bathroom said "Cancer", and recommended going vegan. After reading the article, we made a corporate decision to do it ourselves.

We tried everything from lots of wheat grass to ozone and enemas, lots of fruit,

vegetables and we completely removed meat from my intake.

When we went back to our doctor about four years later, he told us that according to all indications, the tumor was gone. I was elated, but honestly I always wondered when it would come back.

With the doctor's statement in mind, of course I went back to my old eating habits. It was only a matter of time before the tumor did come back. For quite a while I was in denial, and even when I admitted it to myself, I still tried to hide it. I was doing real estate seminars for Exit Realty and had a heavy schedule. Finally I got to a point where I was exhausted all the time.

I had just finished a seminar for an Exit office in Southern California and I was sharing my fears with the broker and his wife. I also mentioned that for years my blood pressure had been increasing rapidly. They both got excited and proceeded to tell me about the Gerson therapy, and how I should really check it out. Scott told me about his cousin who had contracted ovarian cancer and was investigating the City of Hope in Southern California. Their doctors said they could help her. She asked them for names of past patients. They gave her 20 names;

she checked them out and found that 18 had died.

Then she checked out the Gerson treatment and asked for the names of 20 of their patients. When she checked those, 18 were still alive! Considering the odds, she chose the Gerson clinic in Mexico. After all these years, she is still with us.

This convinced me that I should go down, so I booked into the Baja California [Gerson] Nutrition Center on July 11, 2006. Now, it's August 2007 and my progress is nothing short of miraculous.

The night before I checked into the clinic I ate my last meal of meat and fish chowder, of which I am very fond. It was exceptionally salty and the next morning at the Mexican hospital when the orderly took my vitals, he looked shocked and said something to the Doctor in Spanish which I did not understand. The Doctor asked me if I had high blood pressure, because the reading was 231 over 136 which made me a little nervous. As far as I knew, it had never been that high before.

Today, over a year later, my cholesterol is 128 without drugs, and my blood pressure is normal, also without drugs. My monthly checkups are coming back excellent and the CAT scan only shows calcium and some scar tissue. [I am working with great energy, feeling very well, and planning many future activities.]

Little-known facts about cosmetics

Did You Know?

by Charlotte Gerson

Dr. Mercola publishes a regular column with important information. This item should be of interest to every woman:

Women who use make-up daily can absorb almost five pounds of chemicals into their bodies *each year*. Some of the compounds present in make-up have been linked to side effects ranging from skin irritation to cancer.

One class of toxic cosmetic chemicals is parabens. These are present in most items, even including shampoo. They are simply preservatives. Dr. Mercola reports that

traces of parabens have been found in breast tumor samples.

The problem is that putting chemicals on your skin is worse than ingesting them! From your skin, chemicals are absorbed straight into your blood stream without filtering of any kind by the liver or the digestive system. So your body has no protection against the toxins. The chemicals go directly to the organs.

For more about significant dangers in cosmetics, see www.safecosmetics.org.

Caregiver Training

Want to learn how to do the Gerson Therapy? Sign up for the Caregiver Course, Oct. 26-28, 2007 in San Diego, CA. To register, contact Barbara Conde, bconde@gerson.org, or Tel: +1 (619) 685 5353, Ext. 129

GM Push Vilifies Organics

by Annolies Truman Green Left Weekly—Chippendale, NSW, Australia, July 14, 2007

Straight to the Source

Recent attacks on the organic food industry are about discrediting it to soften up the public to accept genetically modified (GM) crops, Dr Maggie Lilith of the Conservation Council of WA and the Say No to GMO campaign told Green Left Weekly.

“The spate of recent claims that organic food is riskier and linked to health scares seems to have come from proponents of GM and those with a vested interest”, said Lilith, who is also a member of the Fremantle Organic Growers Association. “The claims about the safety of organic foods are unfounded and aim to spread misinformation to the public.”

On April 12, a syndicated piece by Bettina Arndt entitled “Organic myths pose real risks to health” appeared in newspapers across Australia. The article is a savage attack on the organic food industry and consumers who choose its products.

“The organic food industry is booming with ever more people deluded into thinking that paying two or three times more for organic food products will provide them with healthier, safer food”, stated Arndt.

In an attempt to portray organics as backward and unscientific, Arndt quotes British Lord Dick Taverne as saying, “What is most worrying about the whole organic product movement is the underlying notion that scientific progress is inevitably bad and we are all better off reverting to primitive, ‘natural’ ways of doing things.”

Lilith disputes this unscientific claim. “Organic systems rely on modern scientific understanding of ecology and soil science as well as traditional methods of crop rotations to ensure fertility and weed and pest control”, she said.

“Moreover, organic production aims to be sustainable and reduce dependence on non-renewable resources. The soil is not depleted as under conventional agribusiness practices. Organic produce is not covered in toxic chemicals as no pesticides or artifi-

cial chemicals are used. Animals are not treated with synthetic growth hormones or drugs.”

Arndt also quotes Taverne glorifying GM crops: “If people were really worried about the effects of pesticides in farming on wildlife or human health, they should promote pest-resistant GM crops, which reduce pesticide use. The solid scientific support for the safety and efficiency of GM crops means nothing to blinkered souls who trust instincts over science.”

Janet Grogan, a leading activist with the Say No to GMO campaign, described Arndt’s article as “a thinly veiled pro-GM rant against organic foods”.

“It was misinformed and biased. Arndt cites two cases to prove the dangers of eating organic foods, neither actually linked to organically-derived produce.”

“What’s more, her list of experts comes from pro-GM groups. Lord Taverne is the chairman of the pro-GM lobby group the Association of Sense in Science. His book was lambasted in the Guardian newspaper as . mingling myth with fact.”

A month later, on May 16, an article appeared in the West Australian, promoting the idea of growing GM cotton in the Ord River district of northern WA and attacking organic growers.

A key GM scientist, Dr Jim Peacock, claimed opponents of the scheme were largely “self-serving organic farmers and ill-informed environmental activists”. Peacock was instrumental in developing GM cotton while working at the CSIRO. Some 100 hectare trials of GM cotton along the Ord have already been approved by the WA government.

Lilith is scathing about Peacock’s criticism. “It’s the pro-GM groups who are self-serving, interested only in making profits at the expense of farmers and community health. Moreover, GM cotton should be considered a Trojan horse as it leaves the door open for other unwanted GM crops.”

Another attack on organics followed soon after. The May 22 edition of the Bulletin contained an exclusive titled “The Truth About Organic Food”. Two large photos of shopping baskets graphically illustrate the expense of organic food over conventional.

Lilith contests the claim that organic food is expensive, saying, “A lot of supermarket pre-packaged food costs far more than organic staples. The typical household spends far more on junk food, or alcohol, or take-aways than on fruit and vegetables.”

“The Bulletin article also ignores the nutritional benefits of organic produce”, Lilith told GLW.

“Scientific evidence shows that fresh organic produce is more nutritious than non-organic food, containing higher nutrient levels, more vitamins, minerals, cancer-fighting antioxidants and enzymes.”

But the Bulletin article does concede “consumption of organics is growing at 25% to 44% per year, outstripping the rise in organic food production at 6% to 15%. In 2000, there were 7.6 million hectares under organic management, with a value of \$19m. By 2006, that had grown to 12.3 million hectares valued at \$400 million.”

According to Annie Kavanagh, president of the Organic Growers Association WA, suppliers are finding it difficult to keep up with the demand from consumers.

Across Australia, in addition to the 12.3 million hectares under organic cultivation, a further 1.1 million hectares land is being prepared for organic certification. In 2006, there were 176 listed organic processors and producers in WA, compared to 58 in 2002. This shows a 300% increase in four years, which reflects the increasing demand for organic produce.

Perhaps this trend explains why the GM lobby is so keen to demolish the credibility of organic agriculture.

From: Comment & Analysis, Green Left Weekly issue #717 18 July 2007.

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218-226-4164 · Fax: 218-353-7652

Vaccine Dangers

by Charlotte Gerson

I don't know where to start! Is it worse that three girls died after receiving the new HPV vaccine (Gardasil—Merck) and others were hospitalized?

Or is it worse that Bush stated he would veto a bill that would ban mercury (Thimerosal) in vaccines for infants?

Let's start with the new vaccine. The publicity is, as usual, intended to scare the public in order to make them comply. However, when knowledgeable scientists examine the truth behind HPV (human papillomavirus) these are the facts: The vaccine, Gardasil, only **sometimes** protects against HPV (per Dr. Mercola). Besides, the infection is virtually 100% avoidable without an expensive and sometimes lethal vaccine! Dr. Mercola also stresses that Merck has manipulated the medical and political system to **force** children to get this dangerous vaccine for their own bottom line profit! They use the promised reduction of cervical cancer as bait. (Remember that Merck is the same manufacturer who made the painkiller Vioxx that killed over 55,000 people.)

Merck's own literature states that one must realize that Gardasil *does not protect women* from some of the HPV types. So even if vaccinated, women can still get HPV! Another item of interest: while more than 6 million women contract HPV annually, a

woman's immune system is often strong enough to clear up the infection on its own. About 90% of HPV infections simply clear up within two years.

State legislatures in the US are requiring young girls to take Gardasil, even though severe side effects are being reported as well. 1,637 adverse reactions have been reported so far by Judicial Watch, a public interest watchdog. This includes the three girls who died shortly after receiving the vaccine. The US Food and Drug Administration, under the Freedom of Information Act, released this information. In Australia, 25 girls who had just received their first injection of the vaccine experienced headache, nausea, and dizziness. In some cases the problems were so severe that the girls were hospitalized. The incident was reported in the news there. Why not here in the US?

When possible side effects include hospitalization and death, does the government have the right to require these vaccinations? There have also been reports from the National Vaccine Information Center about fainting and dizziness in dozens of patients as side effects including some concerns that Gardasil may cause infertility.

And now, back to Thimerosal. Herewith excerpts of Mr. Bush's promise in the course

of his campaign for a second term:

"I support the removal of Thimerosal from vaccines on the childhood national vaccine schedule ... I will support funding for seeking definitive causes and/or triggers of autism ..."

Despite these promises, Bush now states that he will veto any legislation that requires removal of Thimerosal from vaccines. He states that the move would affect "costs." What cost could possibly be important in the face of destroying children's minds? Could it cost the pharmaceutical companies a few thousands? Or even millions? For destroying some already existing vaccines containing mercury? What money could make up for destroying the mind of just one single child?

Already in the 1980's, the FDA questioned the safety of Thimerosal because of its potential for cell damage—and for that reason **it was removed from animal vaccines!** Yet **it was continued in childhood vaccines and Bush now supports it!**

The links between the ingestion of mercury and neurological breakdown are clear and proven. Professors all over the world are telling us outright that it is literally destroying people's brains. Even if the links are somewhat questionable, would you want to take a chance on your child's (or your) life and sanity?

Don't take any vaccines, and don't allow your children to be vaccinated. There are programs available for serious objectors. Find out about them and **object!**



"Robust Relationship"

Suppressed Harvard Study Links Fluoride, Bone Cancer

by Charlotte Gerson

On September 29, 2006, Samuel S. Epstein wrote a blistering letter addressed "to the Editors," but it is not clear which editors and which publication was addressed.

Samuel S. Epstein is a professor emeritus of environmental and occupational medicine at the University of Illinois at Chicago School of Public Health and is Chairman of the

Cancer Prevention Coalition.

Prof. Epstein takes strong issue with the fact that a researcher of the School of Dental Medicine was put in charge of the possible connection between water fluoridation and bone cancer. Professor Chester Douglass had already been active in promoting fluoridation and had financial ties to Colgate!

Elise Bassin, a student assistant to Prof. Douglass, had found a "robust" relationship between osteosarcoma and young boys' exposure to fluoridated water. This connection was extremely important—yet Professor Douglass concealed these findings from the public, as well as from the Environmental Working Group that was funding the

research, for over three years.

To make the matters worse, Harvard exonerated the Professor of all charges in the matter in spite of well-documented evidence against him. Douglass had even gone so far as to lie about the actual figures of his own research. It finally turned out that Douglass made a million dollar contribution to Harvard's new Dental School Building.

The Environmental Working Group released another article dated Washington, Aug. 16, 2006, by Lauren Sucher and Michael Connett, which describes the release as coming in the form of a four-paragraph statement which is *secret and not available*

continued on page 9

Self-serving Criticisms

by Charlotte Gerson

We are often asked about criticisms of the Gerson Therapy that we recognize immediately as disinformation from the ACS, NCI, AMA, Big Pharma and the flacks who carry their messages. They constantly repeat the same tired and patently false criticisms to try to frighten patients with their "science." We should like to set the record straight with the facts, supported by scientific publications and our long clinical experience, not propaganda and conjecture.

• ***"Coffee enemas remove potassium from the body, leading to electrolyte imbalances"***

This criticism, especially, demonstrates their ignorance. It happens that coffee solution, prepared the way Dr. Gerson directed, is very high in potassium. Furthermore, the colon is a highly absorptive organ; and it will readily absorb potassium from the enemas. So, on the contrary, coffee enemas tend to restore potassium to the depleted muscles of the colon, and balance electrolytes.

• ***"Continued home use of enemas may cause the colon's function to weaken, worsening constipation problems."***

Another demonstration of false conclusions. It is likely that patients who are medically prescribed laxatives, lose normal bowel function. This experience is what their 'criticism' is based on: assuming that coffee enemas work the same as laxatives! They do not, and these 'scientists' have never used coffee enemas, therefore are talking without science or experience. Actually, many of the terminal patients who seek natural treatments had been constipated for years, already as teen-agers, like the majority of Americans. However, after the body is truly healed and restored, the liver functions normally, these people have normal bowel function which they had never experienced before. In the worst case, if normal bowel function is not restorable, they may have to take one daily enema for the rest of their lives. It beats **dying**.

• ***"Some metabolic diets used in combination with enemas cause dehydration."***

Another ridiculous "criticism" of the Gerson Therapy. It is quite impossible to produce dehydration on a therapy that prescribes 10-13 daily glasses of juice plus soups for patients. A total of three to three-and-one-half quarts of juices and soup, not to mention the water content of the vegetables in the vegan meals, more than satisfies the need for liquids.

• ***"Serious infections may result from poorly administered liver extracts."***

Certainly true of our injections and *any* injections administered by *any* doctor, nurse or hospital. These must be correctly and antiseptically handled and patients are instructed accordingly. This is an excellent example of a half-truth used as propaganda.

• ***"Thyroid supplements may cause severe bleeding in patients with liver metastases."***

A large percentage of patients who arrive at the Gerson hospital are already suffering from liver metastases—due to previously administered ineffective and damaging treatments. With the Gerson treatment, including thyroid supplementation, bleeding is virtually never seen. This "criticism" is a complete fabrication with no basis in fact whatsoever.

• ***"Thyroid hormone makes the heart beat faster and can cause rhythm disturbances in persons with normal thyroid function."***

It is true that excess thyroid speeds the heart rate. However, a patient with "normal thyroid function" is a great rarity at the Gerson clinic, not to mention the United States at large due to the excessive use of chlorine and fluorine in our water systems. Patients with "normal" thyroid function seldom get cancer, due to the thyroid's protective properties. Patients' heart rates are carefully monitored at the Gerson hospital, and if the heart rate rises uncomfortably, thyroid medication is properly reduced. Dr. Gerson used the high thyroid supplementation for only two to three weeks in order to

Meet the Gerson Institute Staff



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restore good metabolic and immune function. After that initial thyroid treatment, thyroid supplements are adjusted to the patient's normal need. Thus, thyroid supplementation does not present a permanent change or disturbance in the patient's thyroid function. This is another example of a foolish, ignorant and fabricated "criticism."



A Peer-reviewed Article on Six Gerson Therapy Cases

Against All Odds—With a Long Way to Go

by Beata Bishop

Peer-reviewed scientific articles on the Gerson Therapy® published in mainstream journals are few and far between, so it is good news that a six-page study by Prof. A. Molassiotis, RN, PhD, University of Manchester, UK, and Patricia Peat, RGN, appeared recently in *Integrative Cancer Therapies*, Chicago. Entitled *Surviving Against All Odds*, it is an analysis of six case studies of British cancer patients who followed the Gerson Therapy and survived either to this day or, in one case, for far longer than would have been deemed possible.

The tone of the study is restrained and measured. The chief author, Prof. Molassiotis, strikes a fine balance between both acknowledging the potential of the Gerson treatment and admitting its lack of proper scientific backing, instead of the habitually dismissed “anecdotal evidence.”

He reviews the few published reports on the Gerson protocol and goes on to explain the methods by which the six cases, supplied by the Gerson Support Group (GSG) UK, were chosen for his thorough study. The participants are anonymous, their cases are well documented and described in detail, the sober tone of the descriptions making a stark contrast with the dramatic results of the treatment.

In his concluding remarks Prof. Molassiotis asks whether the Gerson therapy improves survival, and whether patients with cancer objectively benefit from it. And he adds,

“It would be worth exploring such a dietary regimen in the future and moving away from our conceptual struggle with modern high-tech medicine. We have a responsibility and a professional duty to help patients make the best treatment deci-

sions for themselves, and the only way to do so with regard to the Gerson regimen is to carry out a prospective evaluation of its efficacy in a rigorous manner.”

In his view a randomized double-blind clinical trial, valued over all else in evidence-based medicine, might not be appropriate or even ethical under the circumstances. (Nor would it be possible. Think about it.) And he ends his study by declaring that **a definitive trial on the efficacy of the Gerson regimen is long overdue**: the resulting information would allow patients to make informed decisions, protect their safety, and add to their choices “in improving their survival chances and quality of life in their fight against cancer.”

One could not wish for a more balanced, restrained and yet positive judgement.

The Story Behind the Study

With his published study Prof. Molassiotis has actually saved and salvaged a GSG initiative, which had seemed doomed to failure.

continued on page 9

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Against All Odds ...

continued from page 8

In 2003, when the National Cancer Institute (NCI) of America invited alternative medicine practitioners to submit 'Six Best Cases' for evaluation, the GSG UK commissioned Patricia Peat, RGN DipPallC DipUTR, to explore, collate and present the cases of six recovered Gerson patients. The conditions for submitting cases were extremely rigorous, so that out of the 18 cases that seemed likely candidates, Patricia could only use six.

Lack of documentation, such as biopsy reports, results of scans and X-rays, was one of the main problems. Of course once patients had embarked on the GT, they tended to avoid the risk of radiation from scans and X-rays. Besides, if their consultants objected to their self-healing efforts or dismissed nutritional therapy out of hand, they undertook the management of their own care, without orthodox evaluation. This, unfortunately, also meant that they had no acceptable documentation to support their record. Even so, with hard work and persistence Patricia was able to submit a case each of metastasized melanoma, non-Hodgkin's lymphoma, cholangiocarcinoma, fibrillary astrocytoma, and two cases of breast cancer, all of them suitably documented and, above all, showing prolonged survival which, compared to their average prognosis, was remarkable. Of the six, two were presented as "persuasive", i.e. watertight, and four as "supportive" cases. The latter lacked the full range of scientific evidence, yet presented a recovery which common sense could only attribute to the GT, since no other treatment had been used.

Although orthodox oncology is solely interested in tumour shrinkage, while the GT pursues a much wider spectrum of healing, there was reason to believe that the NCI would show interest in Patricia's submission. After all, the aim of this project was to promote research into CAM (Complementary and Alternative) therapies, find the ones that seemed to make a real difference in the dis-

ease process, and fund research into their working. However, in the event the NCI decided that not even one of the GSG's cases qualified as supportive—in other words that the GT had not been shown to make any difference to the disease process.

This initial response was also the NCI's final word on our submission. Patricia tried in vain to discuss the reasons for this wholesale rejection, which incidentally rested on false claims, e.g. that some data were missing (they had been provided), that pre-treatment with chemotherapy prevented the evaluation of the effect of the GT (chemotherapy had not worked and was stopped), that insufficient evidence of malignancy had been provided (three doctors on visual examination of the tumour made a definitive diagnosis, avoiding a potentially dangerous biopsy), and so on. (Personally I am only too familiar with the spurious grounds on which cases are dismissed: my own recovery on the GT, for instance, has been repeatedly declared null and void, because I had undergone surgery for my primary melanoma. But surely if the surgery had solved the problem, why on Earth would I have embarked on the GT? To that question there has never been an answer.)

Instead of entering into a meaningful dialogue, the NCI simply slammed the door shut on our Six Best Cases, despite their prolonged survival "against all odds." In her report written for [the GSG newsletter] *Coffee 'n' Carrots* (February 2005, Issue No. 46), Patricia comments: **"The overriding fact is that when it comes to surviving cancer, achieving some tumour shrinkage is far from the whole picture; but unfortunately nobody at the National Cancer Institute is listening."**

However, fortunately Prof. Molassiotis was sufficiently interested in the subject to study the rejected submission, and to turn the material into the excellent study that has now appeared in an American academic journal. We can only hope that somebody somewhere **is** listening—for a change. 🌿

View a free ten-minute clip of portions of the documentary "Dying to Have Known" on the web at www.dyingtohaveknown.com.

Fluoride ...

*continued from page 6
to the public. [Italics mine]*

Fortunately, the data in question have since been published in a peer-reviewed journal by four Harvard professors and PhDs who clearly point out that Douglass' statement that the findings were 'not significant' cannot be supported. An additional statement referring to Douglass' and Harvard's excuse reads "This excuse is so tortured, you can see why it took a bunch of Harvard professors a year to concoct it." Richard Wiles, Senior Vice-president of the Environmental Working Group, continues, "Whether or not Douglass intentionally suppressed and misrepresented these data is irrelevant. He deceived the public and

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health officials about critical research findings for years, and hundreds of boys suffered the consequences."

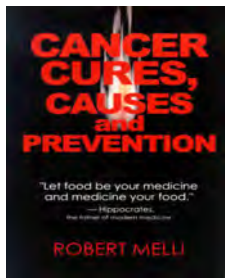
The Harvard panel also brushed aside a conflict of interest stemming from the fact that Douglass is a paid consultant for the toothpaste industry, a major user of fluoride.

Prior to the appearance of this item, already on August 30, 2005, the *Environmental News Service* had published an article titled "EPA Scientists & Workers Call for an End to Water Fluoridation Because of Cancer Risk."

While a number of European countries have stopped water fluoridation, we in the USA are obviously behind the times and continue to poison our kids, our toothpaste, our water and any food items that are commercially processed with fluoridated water. 🌿

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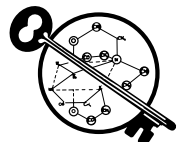


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Date & Time	Event	Location	Speaker	Contact Information
Sat., Sep. 1 to Mon., Sep. 3, 2007	35th Annual Cancer Control Society Convention	Sheraton Universal Hotel, Universal City, California. Gerson Institute at booth #10	Charlotte Gerson will speak at 12:00 noon Saturday.	Cancer Control Society, 2043 N. Berendo St., Los Angeles, CA 90027. Tel.: (323) 663-7801. Admission \$35/day, \$10/day exhibits only. Website: http://cancercontrolsociety.com/meeting2007.htm
Sat., Oct.6 and Sat., Nov.3, 2007, 11:00am-12noon PDT	Charlotte Gerson on "The Invisible Gardener" radio show	This show can be heard anywhere in the world that has an Internet connection.	Charlotte Gerson will be on this station the first Saturday of every month.	To listen to the show, go to the Gerson Institute website, www.gerson.org , during the broadcast, and click on the "Don't Panic It's Organic" rectangle. To call in to the show, call (310) 457-0138.
Mon., Oct. 15, 2007 7:00pm	"Dying to Have Known" will be shown	1st Congregational Church of San Jose, 1980 Hamilton Ave., San Jose, CA	Howard Straus will host a Q&A session after the presentation.	Contact IACVF Northern California Chapter, PO Box 18875, San Jose, CA 95158. Tel.: (408) 978-3931
Fri., Oct. 26 to Sun., Oct. 28, 2007	Caregiver and Gerson Therapy Basics Course	San Diego, CA	Charlotte Gerson, Carol Beard, Dr. Kayla Smith.	Barbara Conde, The Gerson Institute, Tel: (619) 685-5353 x129. email: bconde@gerson.org . Cost for 3-day training is \$500. Registration form at www.gerson.org .
Sat., Nov. 3, 2007 10:55am - 12:30pm	Lecture and Presentation	American Academy of Environmental Medicine National Conference, Palm Springs, CA	Charlotte Gerson and Dr. Kayla Smith, ND	Please contact the Gerson Institute, (619) 685-5353, for details, or the American Academy of Environmental Medicine, 7701 East Kellogg, Suite 625, Wichita, KS 67207-1705. Tel: (316) 684-5500, Fax: (316) 684-5709, Website: www.aaem.com .
Mon., Nov. 19, 2007	Gerson Lecture at IACVF San Jose Chapter	1st Congregational Church of San Jose, 1980 Hamilton Ave., San Jose, CA	Howard Straus will speak on the Gerson Therapy and Charlotte's new book	Contact IACVF Northern California Chapter, PO Box 18875, San Jose, CA 95158. Tel.: (408) 978-3931

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