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Melanoma Retrospective Study Published Results Far Surpass Conventional Therapy

by Charlotte Gerson, President, The Gerson Institute

It has been almost three years since Gar Hildenbrand has been collecting, studying and classifying material for the Melanoma Outcomes Study. The study has been virtually ready for publication for almost a year - and we have been promising it to our members. We are happy and proud to be able, finally, to announce that the study is not only ready, but has been accepted and published in a peer-reviewed journal, *Alternative Therapies*, September 1995, Vol. 1, #4.

The nine-page article is copyrighted so we cannot reproduce it here in its entirety. It is also in somewhat technical language. We have already requested reprints from the magazine that we hope to have soon, so we can fill orders from any interested friends and from medical professionals. The printed article contains an extensive listing of references. As soon as we receive our reprints, they will be available from the Gerson Institute/Cancer Curing Society for \$2.50 each, postage paid.

The publishers of *Alternative Therapies* have given us permission to

reproduce the entire article on the Worldwide Web (WWW) section of the Internet, thereby making it available for perusal by over three million personal computers, worldwide. It can be found, along with other articles and information about the Gerson therapy, on the Gerson therapy homepage of the Worldwide Web, at <http://www.homepage.com/mall/gerson/gerson.html>.

Here are the highlights of the study.

The paper is designed to report a retrospective comparison of 5-year melanoma survival rates for Gerson therapy-treated patients vs. those reported in the medical literature. 5-year survival rates include many patients with a much longer record of survival; the report covers any patient who survives five years or longer. In almost all cases for Gerson therapy-treated patients, we are not just looking at 5-year (or longer) survival, but we observe patients who are well and remain well. The age range includes patients between 25 and 72 years. The patients are classified by the stage of their disease at

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admission, as follows:

- Stages I and II: Localized melanoma
- Stages IIIA & B: regionally metastasized (spread) disease
- Stage IVA: distant lymph, skin and subcutaneous tissue metastases
- Stage IVB: visceral (internal organ) metastases

The report reviews not only the "best cases", but is a more complete "retrospective review". This describes *all* patients, including non-responders, giving a total picture of the outcome of Gerson therapy-treated melanoma patients. In a previous "best case review" of 27 cases, tissue specimens of all these cases were obtained and submitted to the Armed Forces Institute of Pathology, without clinical histories. In all cases except one, their pathologists' findings agreed with the report of the original institution. The exception was one slide which was destroyed by improper handling.

The report found the following results: Of the assessable cases at Stage I and II, *all* (100%) survived at least five years up to a maximum of 17 years. One 15-year survivor died of prostate cancer. This 100% survival figure compares to reporting centers worldwide of Stage I and II 5-year survival rate of 79%. Stage I and II patients in the worldwide reporting study comprised approximately 88% of the melanoma cases while the Gerson cancer treatment centers saw only 9% at such an early and hopeful stage.

Some 23% of the assessable cases were admitted at Stage III. The 5-year survival rates for this group treated with the Gerson therapy is 71%. Other centers report survival rates from 27% (Brisbane) to 42% (Duke University). No other center reported higher than 37% 5-year survival for Stage III.

Stage IIIA patients 5-year survival rate reported by the Fachklinik Hornheide is 39%. A comparable Gerson group achieved an 82% 5-year survival. The same clinic reports a 41% 5-year survival rate for Stage IIIA and Stage IIIB patients, compared to the same stage Gerson patients of 70%.

Stage IVA patients (Superficial spread melanoma with skin and lymph node involvement with no internal metastases) showed a 6% survival rate of 5 years by Ryan et al of the Eastern Cooperative Oncology Group vs. 39% of patients treated by the Gerson therapy.

Stage IVB was not assessable and those patients known to be at that stage in far advanced condition, all died.

Notwithstanding the already extremely high numbers of survivors in all stages, other patients were found who presented with melanoma but whose records were not adequate to assess staging at admission. The most dramatic changes to the results presented would occur in Stage IVB cases, those with internal organ metastases. None of those cases who survived were adequately documented to prove Stage IVB; therefore the published Outcomes Report had to state that "all cases in Stage IVB died".

Non-qualifying cases

The cases below are among those that did not qualify for inclusion in the Outcomes Report:

Maureen Binnie, age 71 at admission, had undergone surgery for a goose-egg sized tumor on her shoulder that was shown spreading to her lung. Before the

surgery wound even healed, the melanoma had spread to distant lymph nodes. She was given a hopeless prognosis. Today, some 14 years later, she survives in good condition.

Jaquie Davison was never accurately staged when she started the Gerson therapy. At the time she started the therapy with the help of her family, there was no Gerson therapy hospital. Her doctors had given her a "hopeless" prognosis, saying that "her melanoma had spread all over her body and that death would be swift and certain." In her book, "Cancer Winner," Davison describes how, early in her therapy, she passed a tumor from her colon. She was biopsied later, but only after her partial recovery on the Gerson therapy. Thus, there is no proof of the stage of her disease. She has survived some 20 years to date since her therapy.

Sue Jessup's melanoma had spread to the liver (see her complete story in the *Gerson Healing Newsletter*, Vol. 10, #3, May/June 1995) per a CAT scan. Her doctor told her that he was 99.9% certain that her melanoma had spread to the liver - but no biopsy was done. This was in April of 1987. She was too weak to come to Mexico and was given the Gerson therapy at home. Sue remains well at this writing, 8½ years later.

Another case of internalized melanoma was that of Lura. She suffered from "ocular melanoma," located in the retina. Lura had undergone numerous surgeries before her doctors told her they could do

*(Continued on page 10)***Publication Schedule**

The *Gerson Healing Newsletter* is published bi-monthly by the Gerson Institute / Cancer Curing Society. It is the membership organ of the Institute, and is intended to keep its 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.

All members of the Gerson Institute/ Cancer Curing Society 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 \$25.00 or more (foreign memberships \$30.00) to The Gerson Institute.

Gerson Healing Newsletter

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Editor's Corner

by Howard Straus

Since its inauguration some three months ago, the Gerson Therapy homepage on the Worldwide Web (WWW) of the Internet has been accessed by approximately 40 people during each 24 hour period, weekends and holidays included. This means that well over 3,000 people from all over the world have become aware of our work, and have been able to scan the patient case histories at their convenience.

For those of you who are not familiar with the Homepage concept, the Internet, or Global Information Superhighway, as it is sometimes popularly called, allows individuals and organizations to place information about themselves, or any subject at all, onto files that the organizations themselves maintain, but that anyone with access to the Internet via a "browser" can see.

Additionally, people with these "homepages" may include links from their pages to other "interesting" or related pages. In this fashion, the person accessing a page may hopscotch from one page to another with no regard for where in the world the page is kept. This is known popularly as "surfing the Net".

Reference to our work often appears on other parts of the Internet. Newsgroups, or basically electronic bulletin boards containing information broadly related to a single type of interest, such as cancer (sci.med.diseases.cancer), nutrition and alternative therapies often contain references to the Gerson therapy. Some are from people seeking help or a contact from someone who has used and benefited from the therapy. Other postings contain personal experiences of people who are responding to requests, or opinions of both medical professionals and laymen.

The Internet is true democracy at work. Nobody is barred from the discussion by special interest groups or by rich or powerful bureaucracies in either government or industry. No opinion is censored. Commercialism is frowned upon in the discussion groups. This may explain why Congress, normally so slow

to act in any controversial area, moved quickly and decisively, with both parties in concert, to begin to place limits on the practice of the free speech on the Internet. The FBI has set up a monitoring group to insure that certain materials are kept under control. Currently, the party line is that child pornography and bomb-making instructions must be censored, but our government is notorious for expanding controls, once they have been approved.

The Gerson Therapy information is one of the controversial pieces of data on the Internet. We are under no illusion that once freedom of speech and expression are attacked on the Net, we will fall quickly under surveillance, and will probably be harassed by the authorities. But for the moment, at least, we are enjoying freedom from the tyranny of commercial or governmental censorship.

There is something that we would like to ask our readers to do, as a favor and as a service to the Gerson Therapy, if it is something you feel you would like to support. We suspect you support us, or you would probably not be reading this newsletter.

If you are one of the millions of people who participate in the Internet, drop in occasionally on one or another of the newsgroups relevant to holistic or alternative healing or cancer, check for people who are looking for help, information or personal experiences with the Gerson Therapy or with alternative therapies. Respond to these people with your own experiences, always the most powerful of references. Put the URL of the Gerson Therapy homepage (<http://www.homepage.com/mall/gerson/gerson.html>) in your electronic correspondence. Post your reply to the newsgroup. In this way, you can multiply the number of people with whom you can share your experiences many, many times.

We realize that this column does not mean much to those who are not connected to the Information Superhighway, and will return to more global concerns in our next issue. But the request needs to be made, and it will benefit many people all over the world if our readers help. Thanks.

Some Frequently Asked Questions About the Gerson Therapy

by Charlotte Gerson

We are always pleased to get mail from our members and, whenever space permits, we will answer the questions they raise.

Q: Please clarify small details on the coffee enema preparation: Do the directions refer to rounded or heaping tablespoons?

A: Rounded tablespoons.

Q: When should coffee be strained, immediately when turned off from simmering, or after it settles a while?

A: It doesn't matter. Strain through strainer lined with a cloth, such as a piece of clean, white old sheeting. This can be washed and re-used.

Q: What is the proper position to use while taking an enema?

A: There is some controversy about the best position for taking an enema. Dr. Gerson insisted that the best position for the patient is to lie on his right side, legs comfortably pulled up, relaxed, and breathing deeply. When the patients first start to take enemas, it may not be easy to take the entire quart of liquid because of accumulations of old waste in the colon, or because of spasming due to lack of potassium in the muscles of the colon. The coffee should not be forced any time. If it does not enter easily or starts to cause spasms, stop the flow by pinching or folding the tube. Wait a little and, when the discomfort passes, allow flow to resume.

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Remember us in your will - help the Gerson Institute to continue its vital, lifesaving work into the future!

Patient Story: Kenneth Edward Titus

Recovery from "Terminal" Astrocytoma

by Charlotte Gerson

A few weeks ago, I had a call from a former patient who inquired about the Gerson Therapy for a friend. Then he told me his own story, which is very exciting:

Kenneth Edward Titus had problems with falling. In June 1982, Titus went to his Kaiser doctor. There, among other tests, a needle biopsy was done on his brain, and his problem was diagnosed as astrocytoma (brain cancer). He was given the result of the biopsy on his birthday, June 25th. He went to two other doctors for their "second opinions," but the diagnosis and the prognosis were the same: he would be dead by Christmas. Surgery was offered as an option for treatment. However, Titus had a friend who some six months earlier had submitted to surgery for a brain tumor. His friend had emerged from the surgery a vegetable, and had died shortly before Titus was given his diagnosis. With this experience fresh in his mind, he refused surgery. Titus didn't tell anybody what the problem was, and told his family that he had had a myelogram. When he continued to have episodes of falling, it was assumed that he was drunk!

By the end of September, Titus' family found out what his problem was. His brother and sister started to investigate alternative therapies. They



Kenneth Edward Titus

looked into the Burton treatment and the Gerson Therapy. Titus elected the Gerson Therapy because he hated the thought of so many needles (as given by Burton). He came to Hospital La Gloria in Mexico on October 1, 1982 to start treatment there. He was not at all sure about the Gerson Therapy, and suspected that it was quackery. So, after being evaluated at the Gerson Therapy hospital, he left to go back to his business. At any rate, he felt that he "couldn't spare the time" to take any treatment! In early December, he was back at La Gloria. By this time, he was extremely weak, unable to walk, and blind. He remembers that he went two days on the Therapy without taking any enemas. He was simply embarrassed to admit that he was unable to take them. By that time, he was "like a zombie", he was so toxic. Titus was convinced that he was going to die — but he wanted to die away from his family, at the Mexican hospital! However, after about three weeks at La Gloria, before it was time to leave, he was able to run up and down stairs. On Christmas day, his brother came to visit and was "shocked"

at the tremendous change in Titus. By that time, his eyesight, too, had returned.

When he got home, he continued with a great deal of bed rest. His brother and sister took complete care of him, besides working at their own full-time jobs! In time, he recovered; his eyesight returned to the point where he was using the same eyeglass prescription as he had when he was 17 years old. He now feels "in perfect health". Interestingly enough, when he went back to the Kaiser hospital, they had "lost" his records, as had the other two doctors to whom he went for second opinions. They inexplicably, "knew nothing about him," and had no records!

Titus now has a winter home in Puerta Vallarta, and spends the summer months in Oregon. He says that he remembers relatively little about the whole experience, it is totally "behind him".

Dr. Gerson, in his book, *A Cancer Therapy*, wrote several times that when a patient "forgets" about his cancer experience, when his fear and panic are gone, he is really cured. It has now been more than 13 years since Titus was given six months to live, and he is healthy and alive today!

Staying Young ...

A husband and wife returned home after a brisk walk and the husband collapsed on the sofa, breathless.

The wife, a Gerson person, was fresh as a daisy. She said, "Honey, you promised that we would grow old together."

"Yes," he answered, "but you didn't keep your end of the bargain!"

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Newsletter for a
healthful New year*

Healthful and Delicious Holiday Feasting

Festive and Healthy Recipes for Gerson Persons from Yvonne's Kitchen

Yvonne Nienstadt

The following recipes are a sampling of some of the creations that will be available in a forthcoming book of recipes developed for the Gerson Person by Yvonne Nienstadt — a Gerson Therapy graduate herself and former teacher at several Gerson Therapy Centers. The recipes here are a bit labor intensive, but what holiday fare isn't. We hope you enjoy both the making and the eating of these delicious recipes.

Stuffed Holiday Squash

- 1 large kabocha squash (about 4 1/2 lbs.)*
- 1/4 cup raw brown rice
- 1/4 cup raw wild rice, rye or wheat berries, or more brown rice
- 2 1/2 cups vegetable stock or purified water
- 1 cup onion, diced
- 3 cloves garlic, minced
- 1 1/2 cup fresh peas, shelled, or sprouted lentils
- 1/4 cup celery, diced
- 1/4 cup yellow or red bell pepper, diced
- 1/2 cup unsulphured raisins or prunes (pit prunes and chop)
- 1 teaspoon each sage and savory
- 2 teaspoon thyme
- 1/3 cup fresh parsley, finely chopped
- 1/4 cup fresh orange juice

* I love the texture and taste of this Japanese squash — it's very meaty and sweet, but you could use pumpkin, turban or acorn squash (cut latter in half and seed). You may also use 2 or 3 smaller sized squashes rather than a large one. This makes a very attractive presentation, especially if the squash are of different sizes.

Cook rice and wild rice together in vegetable stock for 45 minutes or until rice is done. Using stock to cook the grain adds both nutrition and flavor. Just save your vegetable trimmings, carrots, parsnips, chard stems or greens, celery, celery root, onion all work well. Avoid cabbage family veggies as they impart a strong flavor. Cover with pure water and simmer until done. Use in soups, to make sauces or what have you.

Carefully cut the top off of the squash as you would when carving a pumpkin. Remove seeds. Place squash face down on baking pan together with the squash lid and prebake for 25 to 30 minutes in a 350 degree oven. Take care not to over cook — a mushy squash cannot be stuffed.

Place onion and garlic, peas and celery in a pot and cook on low for 20 minutes to barely tenderize. Add diced pepper, raisins, herbs, citrus juice, and cooked rice, mixing well.

Fill squash with stuffing, packing it down. Return to oven

and bake 25 to 30 minutes, or until squash is tender, but still firm. If there is extra filling, bake in a covered casserole with a tablespoon of stock or juice, or fill a bell pepper or two and do the same.

To serve, arrange a platter with fresh kale or other leafy greens. Place squash in center of platter and artistically prop squash lid up against squash. Spoon out each helping, making sure to get some of the delicious squash meat. Alternatively, if squash is cooled a bit before serving, it may be sliced in wedges. Ladle Parsley Yogurt Sauce (see recipe below) over each portion, if dairy is allowed, otherwise a squeeze of orange juice adds a bit of zing. Enjoy.

Parsley Yogurt Sauce

- 1/2 cup minced onion
- 1 teaspoon fresh grated horseradish or 1/2 teaspoon dried (opt.)
- 1 cup nonfat yogurt
- 1 tablespoon lemon or lime juice
- 1 teaspoon maple syrup or honey
- 1/4 cup minced parsley

Cook onions over low heat until tender and translucent. Remove from heat and let cool slightly. Blend onions with horseradish, yogurt, citrus juice and sweetener in blender until smooth. Stir in parsley.

Festive Broccoli

- 1 large bunch broccoli*
- 1 clove garlic, minced
- 1 small onion, diced
- 1 medium sweet red or yellow bell pepper, cut in strips
- 2 teaspoon lemon juice (optional)
- 1/4 teaspoon dried or 1 teaspoon fresh dillweed

* This recipe works well with green beans as well. Use about 3 1/2 cups sliced beans.

Select dark green bunch of broccoli with no yellowing. Wash well and cut into spears, peeling tougher stalks at base. Place onion, and garlic in pot. Cover and stew on low flame for 45 min. or until tender. Add pepper strips for last 20 to 25 minutes of cooking. Add lemon just before serving — will discolor broccoli if added during cooking. Sprinkle vegetables with dill and serve.

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Holiday Feasting ...

(Continued from page 5)

The raised crust in the next recipe allows a little lightness in the absence of the traditionally used fat in a pie or tart crust. The dough can be made a day ahead, sealed in a plastic bag to prevent drying and kept refrigerated until ready to use.

Apple Tart

- ½ cup warm water (105° - 110° F.)
- 1 tablespoon crude brown sugar or Sucanat
- 1 package dry yeast
- 2/3 cup churned buttermilk, non-fat yogurt or apple juice*
- ½ cup crude brown sugar or Sucanat
- 2½ cups oat flour
- 1 cup whole wheat or triticale flour
- 9 - 10 medium apples, gala, pippin or golden delicious are good
- 4 tablespoons maple syrup, or liquid Fruit Source†
- 4 tablespoons brown rice syrup †
- ½ cup date sugar (dried ground dates)
- 1½ teaspoon allspice
- ¼ teaspoon mace or coriander

* Use only apple juice if patient is not yet allowed dairy.

† Fruit Source is a sweetener derived from natural fruit sugars. Rice syrup, derived from malted rice, is a thick and creamy syrup that needs to be thinned by either the maple syrup or Fruit Source.

Sprinkle yeast onto warm water into which 1 tablespoon crude brown sugar has been dissolved. Let stand for 5 to 10 minutes or until frothy. Warm buttermilk, yogurt or juice to 100° F. Add crude brown sugar and stir until dissolved. Stir buttermilk into yeast mix, then add oat flour and beat

vigorously. Stir in enough of the remaining flour to make a stiff dough. Knead on a floured bread board, adding only enough flour to keep dough from sticking. Knead until smooth and elastic, approximately 5 to 10 minutes. Place in a bowl, cover with tea towel and let rise in a warm place until double in bulk, about 1½ hours. Punch down and let rise again.

Divide dough in half. On floured board, press each part into a 15" x 9" rectangle. Place on separate non-stick bake sheets, or regular sheets that have been thoroughly coated with oat flakes to prevent sticking. Prick surface with fork, leaving ½" border around the edges. Cover and let rise until doubled, approximately 40 minutes.

Quarter, core and slice apples, arranging each sliced quarter over dough, as you cut it. Place the flat side down and the skin side up, fanning the slices out slightly. Leave about a ½" border. Mix maple and brown rice syrups. Using a pastry brush, coat the apples with the syrup. Combine date sugar and spices and sprinkle over apples. Bake at 325° F. for 30 minutes or until bread is lightly browned. Serve as is or with a spoonful of non-fat yogurt or yogurt cheese (see note below) lightly sweetened with honey or maple syrup.

Note: (Non-Gerson family members could enjoy this dessert with a scoop of non-fat fruit sweetened frozen yogurt — Cascadian Farm Vanilla (the milk is organic) or Stars Vanilla Bean are two brands I have enjoyed in moderation).

* Yogurt cheese is made by draining non-fat yogurt through a stainless steel or nylon sieve lined with a cotton tea towel or cheese cloth with a bowl beneath to catch the whey. Refrigerate and drain until desired consistency is achieved, anywhere from 2 to 8 hours. A short drainage period will yield a thickened yogurt, longer periods will produce a cream cheese like texture. For our purposes, a thickened yogurt texture is what we want.

On The Convention Circuit

by Charlotte Gerson

We often have the good fortune to meet some particularly interesting people at conventions. Last year, at the Cancer Control Convention in Pasadena, Calif. over the Labor Day week-end, we were delighted to make the acquaintance of Prof. Lorraine Day, MD, recovered from breast cancer on the Gerson Therapy. This year, too, we met several surprising people.

Kathryn Sample, now 91, is the widow of Dr. Gerson's former patient, described in his book, *A Cancer Therapy*, as Case No.

6: Pituitary Tumor. Kathryn gave us an update on her husband's story, and added some of her own experience with the Gerson Therapy.

George Sample was first seen by Dr. Gerson in July of 1953, suffering from a tumor of the pituitary. He was virtually blind "and had to feel his way around. He complained of deep headaches and dizziness, staggered when he tried to walk." He went on the Therapy under Dr. Gerson's care, and, per Dr. Gerson's report, was free of pain by the end of September of 1953, free of headaches and dizziness. In December of the same year, he was able to go back to work, as a lawyer in a law office.

However, his condition deteriorated

again. Kathryn reports that he was never able to stop smoking! He did continue to work however, but had to stop when his vision became too poor for him to function.

When Dr. Gerson passed away in 1959, George became discouraged and started to listen to people around him who urged him to have surgery in order to try to improve his eyesight. He submitted to an operation; but, as Kathryn reports, in spite of the six hour operation, the surgeons were unable to do anything for him. He died in 1973, twenty years after he came to Dr. Gerson's office in "terminal" condition.

The story doesn't end there, however.

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From Charlotte Gerson's Clinical Notebook

Pamela Ptak: Ocular histoplasmosis, Alexandra Lennox: A Family Cure

by Charlotte Gerson

Pamela Ptak

On August 8, 1995, a recovering patient called and gave the staff of the Gerson Institute a big boost. We regularly hear the terrible reports of frightened people sick with cancer, told by their doctors that there is no hope, or from distraught parents of sick children. So, the call from Pamela was especially welcome. It also illustrates a very important point we often try to make, but that is difficult for people to accept: the Gerson therapy can heal diseases we have never dealt with before.

Pamela, now 33 years old, told how she had been working in a highly toxic job, in advertising. She was constantly exposed to spray glue, toxic art materials and severe stress. Aside from the poisons in her workplace, she also regularly used various insect sprays in her home, to control roaches and other insects. And since she usually came home late, her evening meals consisted almost exclusively of microwave heated TV dinners.

In February of this year, she drove from her Pennsylvania home to her parents' house in Massachusetts. One morning, after she woke up, she noted that there was a big gray spot in the middle of her field of vision so that, if she stood in front of a mirror, her head would be "missing" in the reflected image. She describes the spot as grayish, dark, warped and rippled. Much of her color vision was lost in her left eye. On her return home, she went to an eye specialist who was recommended by the hospital. He first thought it was a relatively mild condition, "central serous retinopathy", which often disappears by itself. However, a few months later, in

June, the problem worsened and Pamela returned to her eye doctor. This time he did a "fluorescein angiogram" of her eyes. This showed multiple spots in the retinas of both eyes, some early and small. These appeared to be layered behind the retina. The tissue just behind the retina appeared "eaten away", and pitted. It looked like a nest of blood vessels had formed, hemorrhaging in the center. Pamela then consulted two specialists in retinal surgery. One urged immediate surgery to remove the nest of blood vessels; the other one told her to wait.

... her father, now 89, overcame the effects of a heart attack and stroke, and was able to obtain a new driver's license!

While debating this situation, a friend of Pamela's suggested the Gerson Therapy. Pamela was familiar with the therapy, and she knew of two people whose lives had been saved by its use. But she never thought of using it for her special problem. As she was reading more about this condition, "presumed ocular histoplasmosis syndrome", there was a reference about possible similarity to liver function. That convinced her to try the Gerson Therapy which intensively supports the liver. About the end of June, she started the Therapy. A little more than a month later, on August 1st, she had another visit with the retinal surgeon. This time, he was surprised and pleased. He told her that she

was getting better. The spot was getting smaller and there was no sign of hemorrhaging! It was only just a little over a month and there was definite improvement, a real change toward healing.

Pamela happily reports: "Here is one more condition healed by the Gerson Therapy".

Alexandra Lennox

One of the aims of the Gerson Therapy and our endeavor with our patients is to spread the word of healing so that it is not confined to just the patient but benefits the entire family. An excellent example of healing the family is the story of Alexandra Lennox. The details of her recovery from intractable intraductal breast cancer with additional problems appeared in our last *Healing Newsletter*, Vol. 10, #5. She further helped her father, now 89, overcome the debilitating effects of a heart attack and stroke, so that he was able to apply for and receive a new driver's license! Now, there is additional evidence that Alexandra's whole family is benefiting from the Gerson Therapy.

Her son, R.J., at the age of 5, was suffering from a rare bone disease, called Legg-Calve-Perthes disease. This manifests as a kind of perforation of the ball of the femur (the round head of the leg bone which rotates against the hip). When Alexandra first took her son to a doctor, he dismissed her son's symptoms as "worries of an overly concerned mother". But she insisted on an X-ray which confirmed the disease. At this point, the doctors suggested experimental treatment at the University of California, but Alexandra refused to allow her child to be used for experimental

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Clinical Notebook ...

(Continued from page 7)

tion. He did, however, have to wear a cast all the way up his leg to his groin. Alexandra, "accidentally" found out about nutritional therapy, massage and reflexology. Her boy was treated with those, and he recovered!

As R.J. grew up, his alcoholic father encouraged him (and his siblings) to do anything they wanted that might give them pleasure. As a result, all three children became either alcohol and/or drug addicted. R.J. dropped out of high school in his junior year due to his alcohol and drug (marijuana) addictions. He was never really healthy. R.J. eventually married a girl who also used drugs and alcohol — but by that time, his mother, Alexandra, had gone through the Gerson Therapy for her breast cancer and had recovered. When R.J. and his wife decided to have a baby, R.J. wanted to "clean up" before conception, and came to the Gerson Therapy hospital. In a very short time, he was free of drugs, without having to go through withdrawal problems, and returned home. His wife, however, was dissatisfied with a husband on a vegetarian diet and on a strictly regulated lifestyle — no drugs, no drinking, no "fun" — and left him, taking everything. This trauma threw him back into drugs; he was just unable to cope. He began using amphetamines heavily, which almost killed him. By the summer of 1995, his weight had fallen from 185 pounds to 140, and he was literally lying on the floor, nearly unable to move. He finally managed to muster enough energy to come to his mother's house in the San Diego area, on the verge of death.

Of course, Alexandra put him on the Gerson Therapy. In just six weeks, he gained 20 pounds, was free of cravings and had *no withdrawal problems*. He was also amazed at the excellent muscle tone he developed *on a strictly vegetarian diet*, without doing any exercise.

Just before R.J. came to his mother for help, he had also been suffering from apparent mercury poisoning: his fingers would swell at night to twice their normal size and turn blue, he had ringing

in his ears. At 32 years of age he also had serious loss of memory. About a month ago, most of his mercury/silver fillings were removed. All these symptoms disappeared and he is now functioning normally.

Organic Food Comes of Age

reprinted from *USA Today*, Sept. 19, 1995

On Tuesday, Sept. 19th, the following article appeared in *USA Today*, on page 1 of the *Life* section:

Organic Can Mean Profits for Farmers

by Phillip Pina

"Organic food is gaining shelf space and respect at the supermarket, industry observers say. Now a new report by an environmental group suggests organic farming can be just as profitable as using chemicals.

"About 2% of the nation's food is grown organically, says Carolyn Brickey, executive director of the National Campaign for Pesticide Policy Reform, which released the report Monday. She hopes more farmers will try organic farming in light of the report.

"Most farmers use pesticides to ward off pests and increase harvests — without them, the supply of crops is threatened by bugs and disease, says Jim Cranney, director of industry services at the International Apple Institute.

"But Bert Olson, who stopped pesticide use in 1984 on his 450-acre Astoria, S.D., farm, says he has seen profits go up, mostly from not buying chemicals.

"I went broke as a conventional farmer", Olson said. He is one of eight farmers whose output was compared to neighbors' for the survey.

"Environmental and health concerns created a market for natural food, says Edie Clark of the Food Marketing Institute. More than half of supermarket executives in a recent survey say organic food will be an important commodity next year."

Convention Circuit ...

(Continued from page 6)

Kathryn continued to live in New York. Sometime before she moved to Los Angeles, over 10 years ago, she was diagnosed with an intestinal tumor. She had surgery and much of it was removed along with a length of her intestinal tract. Her treating physician, after the surgery, suggested chemotherapy and radiation. She asked him: "If it were you, would you take those treatments?" His response was, "Frankly, no." At that time she went back to the Gerson Therapy as much as she was able. She still even had the old press-type juicer. Today, more than 10 years later, she is 91, and is in good enough health to attend conventions and go on bus tours of the Mexican clinics!

Also at the Pasadena convention of the Cancer Control Society, a gentleman identified himself as the brother of another former patient of Dr. Gerson's, Gail Allen. We first met Gail in 1981 in San Diego when she came to our convention to celebrate Dr. Gerson's 100th birthday. At that time she testified about her illness and recovery. She was diagnosed when she was six years old with a giant cell sarcoma on her left ankle. It was scraped and a piece of bone was removed. At that time, (according to her medical records) some "bone chips" were inserted to help the bone to form again. However, one year later, when she was seven, the sarcoma was back. At this time, her parents were advised to have her leg amputated - *not* that this procedure could save her life - but to spare her unbearable pain while she was dying! The parents refused. Through some amazing "accident", a salesman who came to their door, noticed the sick child, and told them about Dr. Gerson. By that time, Gail's leg was swollen and so painful, she could not even bear to have a sheet cover or touch it. Her brother was only 2 years old. But he confirms that in only one week on the Gerson Therapy, Gail's pain was gone and she was able to "run around." Now, some 40 years later, she is past her middle forties, married, has two children, and has *both her legs*.

Antioxidants are *not* Vitamins

by Charlotte Gerson

Whenever we come across studies pointing out that vegetables and natural sources of vitamins have been shown to be effective in nutritional therapies, we try to share them with our readers. (See the articles in the *Gerson Healing Newsletters* May/June 1995, Vol. 10, #3, p. 5 and Vol. 10, #4, p. 5.) The same effects could not be obtained with artificial vitamins in pharmaceutical or pill form. Dr. Gerson found that freshly prepared vegetable juices were essential to obtain results in advanced and "terminal" patients. We would like to quote another study, published in Dr. Bruce West's *Health Alert*, September 1995, Vol. 12, #9.

"Antioxidants Are Not Vitamins"

"The concept that antioxidants are vitamins has somehow become accepted in the holistic and medical communities. ... We have been led to believe that ascorbic acid is vitamin C, tocopherol is vitamin E, beta carotene is vitamin A, and so on. The truth is that the antioxidant is just one fraction of the vitamin complex. And in most cases, the antioxidant is the part of the complex that protects plants and their vitamins, minerals and other nutrients from sun and other damage.

"... Vitamins are truly *nutritional complexes*. This is why when studies are done with *foods* rich in vitamin A, C, and E, it is found that they prevent cancer. But when the same studies are done using only the antioxidant fractions of the vitamin complexes, the results are very different."

"... In the early 1940's, in *Endocrinology and Science News*, it was shown that crystalline synthetic vitamin fortification could routinely make nutritional deficiencies worse." "Around 1937, Gyorgyi had won the Nobel Prize for the discovery of ascorbic acid. At about the same time, it was discovered that vitamin C was the cure for scurvy. ...

but even then, Gyorgyi admitted that ascorbic acid (rapidly becoming known as vitamin C) did not cure scurvy; instead, he stated it was the whole juice or fruit that did the job."

"Chlorophyll is essential for healthy bones and preventing osteoporosis. While everyone is loading up on calcium, boron, fluoride and other minerals, chlorophyll is overlooked as a prime player in the osteoporosis scenario. Chlorophyll activates a protein called osteocalcin. This protein is needed to build minerals into bone. With inadequate chlorophyll and green plant material, megamineral supplements will simply flood your kidneys, predisposing you to kidney stones."

More and more research shows that Dr. Gerson's insistence on freshly prepared, raw juices, salads and fruit was right all along and that, in most cases, pharmaceutical supplements will not restore or even maintain good mineral and vitamin balances.

Dr. Bruce West's *Health Alert* can be contacted at P.O. Box 22620, Carmel, CA 93922-2620.

Another item from Dr. West's *Health Alert* comes from the April 1993 issue, Vol. 10, #4 and is titled: *Diet Quackery*.

"As you know, most of organized medicine still feels that the use of holistic therapies like diet to treat disease [is] a form of quackery. Ironically, this philosophy is nothing new. Here are two "quackery quotes" of the month:

"It is better to have recourse to a quack, if he can cure our disorder, although he cannot explain it, than to a physician, if he can explain our disease but cannot cure it." — C.C. Calton, *Lacon*, 1820."

"There is no disease, bodily or mental, which adoption of a vegetable diet and pure water has not infallibly mitigated, wherever the experiment has been fairly tried." — P.B. Shelley, *Queen Mab*, notes 1813."

Juicer Sources

by Sandy Butler

Dr. Gerson was very specific in his requirements for special equipment to get the best juice extraction for patients on the Gerson Therapy. He found, and it has been repeatedly confirmed, that centrifugal juicers are not acceptable. There are several possible combinations of juicers that fulfill his requirement of a separate grinder and then a press to accomplish the best extraction.

Norwalk Juicer: automatic with hydraulic press also connected to the motor and effortless to operate. Cost \$1,895 - 1,995 (4 models — different finishes. New models work on 50/60 cycles. Available at the hospital from the local distributor, or call Richard Boger at 1-800-405-8423, or outside USA 619 755 8423.

K & K Grinder & Press: the grinder is connected to an electric motor; the press is hand operated with a jack and requires some strength of the arm and shoulder. Available through Al Hasser, 14410 Big Canyon Rd, Middletown, CA 95461 Telephone 707-928-5970 (Shredder \$600, Press \$249 + shipping & handling or \$825 + S&H if ordered together) Also available from Hal Steward: 371 N. Washington St. Sonora, CA 95370 Telephone 800-835-4279 or 209-536-0755. Cost \$1,075.

Champion: not used as a juicer but as a grinder only; plus the K & K press (see above). Champion cost is about \$240. Available through local health food stores.

Occasionally, the Gerson Institute has listings of second hand Norwalks which you may want to consider. Check with us at (619) 472-7450.

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Melanoma Outcomes ...

(Continued from page 2)

no more. By the time she came to the Gerson therapy hospital the affected eye was blind. (See her complete story in the *Gerson Healing Newsletter*, Vol. 10, #2, March/April 1995.) Lura has been well now for some 11 years, and her formerly affected eye has full normal vision.

Dael Mintz presents the most dramatic case of melanoma spreading internally all over her body, lungs, liver, bones, and pancreas. We have written about her several times in prior *Newsletters*. The reason she could not be included in the Outcomes Study is that the report covers cases going back at least five years from the start of treatment. Dael started the Gerson therapy in July of 1993, and so does not yet qualify.

When analyzed using the standard tools of medical statistics, the Gerson therapy-treated patients show a dramatically higher survival rate compared to patients treated by orthodox methods. A number of cases could not be adequately assessed (proven) and could not be included in this study. Had those, plus others suffering from ocular (eye) melanoma been included, the numbers would have been even higher.

It is important for our readers to understand the incredible impact of these results in the various stages of melanoma. Melanoma is one of the least treatable cancers using orthodox methods. It does not respond well to chemotherapy. We have seen a few patients who got some temporary response from chemotherapy, followed quickly by a serious deterioration of their condition. In stages I or II, if the disease is strictly localized, as the above figures show, surgery ("deep excision") can keep many people free of melanoma for some time. However, once the disease recurs, it becomes virtually impossible to control. Additional surgeries only stimulate and hasten spreading of the disease.

In my opinion, one of the worst methods used in the attempt to control the advance of recurring melanoma is radiation. We need to note here that

cancers are generally named after the tissues from which they originate. Melanoma is an uncontrolled proliferation of the melanin tissue. Melanin is the tissue immediately under the skin that proliferates when irradiated by the sun, and that causes normal skin to tan. This is a defense mechanism that keeps the body safe from excess radiation by the sun. But melanin also tends to proliferate when irradiated by ionizing (X-ray) radiation. We have seen a few patients whose melanomas went wild during or immediately after radiation treatments.

We have occasionally seen patients suffering from recurring melanoma who were treated experimentally with Interferon. There is nothing wrong with Interferon — a few patients who were given this immune stimulant, reported some tumor regression... But the tumor break-down substances must be removed from the patient's system by intensive detoxification. Since detoxification is not a normal procedure in orthodox practice, the dissolving tumor substances simply caused an additional toxic load to the system, and new tumors formed. Therefore, the treating physicians reached the conclusion that "Interferon doesn't have any effect on controlling or overcoming spreading melanoma."

The unfortunate result for patients suffering from melanoma is that, unless the first surgery keeps the patient free of further disease, recurrences are untreatable, and have a hopeless prognosis.

The above statements become even more significant in view of the following (quoted from *The Choice*, Vol. XXI, No. 2, Summer 1995):

"The Centers for Disease Control and Prevention (CDC) in Atlanta reported in May that diagnosed melanoma cases rose about 4% per year between 1973 to 1991, faster than any other form of the disease, and that deaths rose by 34% between 1973 and 1992.

"Officials are blaming suntanning and other overexposure to the sun for the rapid rise in skin cancers, even though in decades past, exposure to the sun did not seem to spur a similar problem."

Gerson Therapy ... for the Dogs?

The following mail was received via the Internet:

Hello, Sandy,

I thought maybe I should fill you in on progress with our Saint Bernard 'Starr' although I am not really sure if you will be interested. We have been using an adaptation of the Gerson Therapy in conjunction with regular acupuncture for some 9 weeks now and the results are good so far.

When the tumor was first diagnosed, we had an x-ray done and since then we have had two more x-rays done. These have been inspected by a specialist in Osteosarcoma in dogs and he says, "there is a definite reduction in the size of the tumor between the second and third x-rays..."

Starr is very happy and in excellent spirits, running, barking and playing at least as much as before the cancer diagnosis. For the first few weeks of treatment she was obviously very unhappy and in considerable pain, but since then she has been steadily improving and now shows no sign at all of any discomfort!

She has lost some weight but this would be due to the vegetarian diet. Our vet is also very pleased with her progress and has written a paper for a veterinary journal re this case.

I believe that she will be in touch with you via post to order some of the Gerson books — her name is Dr. Sue Pedan.

Please let me know if you want to be kept informed re Starr. Many thanks for your help — without it I am sure that Starr would not be here today.

/s/ Robert Reid

A gift subscription to the Gerson Healing Newsletter keeps giving for the entire year.

Readers' Questions ...

(Continued from page 3)

If the patient cannot easily hold more coffee, discontinue. If possible, hold the coffee about 12 minutes (optimum time). If the patient cannot easily hold the coffee for the full 12 minutes and discomfort or cramping starts, don't fight it — release the coffee. If only part of the coffee was taken in, use the other half immediately after the first half is expelled and repeat the above directions. In time, it should be quite easy to take the full quart of coffee

Q: When and how do I get "off the Therapy"? When do I add new foods such as pasta, fish, chicken?

A: This is a more complex situation. It is very difficult to fix an exact time when the patient is "cured" and is presumably able to handle foods other than the non-toxic, highly nutritious foods of the Gerson Therapy. We assume a general time for restoration and rebuilding the body, returning the liver and essential organs to full function, to be about two years. If a patient started in a severely debilitated condition, it may take longer. If a patient had previously been treated with chemotherapy, it will

take longer. How long? almost impossible to say. So what is the answer?

To "get off the Therapy", it is certainly not wise to go from one day on the full Therapy (13 juices, all organic foods, only predigested, fat-free milk proteins, one or two enemas) to a "Standard American Diet", complete with two or three protein meals, meat, cheese, chicken, eggs, etc., and commercial foods. If the patient has remained in good condition, and his blood and urinalysis remains normal for some period of time, in the two-year range, he can begin by reducing the numbers of juices

from 13 a day to perhaps 8 glasses: 1 orange, 4 apple/carrot, 3 green. He can also start to skip the daily enema to perhaps one every other day. If these changes do not cause new problems, if the patient continues in good condition, with good energy, having *daily* normal bowel movements, and his blood tests remain good, he could

add fish perhaps once a week. The fish should be boiled or broiled, not fried or breaded. Salt should *always* be avoided. If any new symptoms appear, the patient should immediately return to the full Therapy for at least a month or two, and stop the additions.

The patient must remember that even the deepest deep-sea fish nowadays has been found to contain mercury. Fish is not specially healthy, and you don't *have* to eat it if you don't care for it. Do not make a number of changes in your diet and lifestyle at one time since you will not know which item caused new problems.

Gerson Therapy Conventions and Lectures, Fall/Winter, 1995-1996

(Continued from page 12)

Phoenix, AZ Saturday, February 10, 1996

Gerson Therapy One Day Convention

Location: Ramada Camelback, 502 W. Camelback Road, Tel: (602) 264-9290

Scheduled Events:

| | |
|--------------|---|
| 9:30 am | Curing 'Incurables': The Gerson Therapy Lecture by Charlotte Gerson |
| 10:30 am | Presentation of Cured 'Incurables' with Charlotte Gerson |
| 11:30 am | Lunch Break |
| 1:30-5:30 pm | Workshop: How to Do the Gerson Therapy (\$25) by Charlotte Gerson |

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