



HEALING

NEWSLETTER

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Not Just Cancer:

Phoenix Patients share their stories
by Charlotte Gerson

In the course of our Gerson Therapy Convention in Phoenix, we had two people from the audience come up to the podium to testify about their recovery on the Gerson Therapy. Later, a lady came up to me who was also a recovered patient. I asked her why she didn't speak up and tell about her recovery. It turns out that she was shy and not willing to face an audience.

The first lady told about her recovery from multiple sclerosis. She had lost her balance, was barely able to walk, lost control of her hands. On Saturday (Jan. 25th) however, she walked confidently up to the podium, took the microphone out of its holder without trouble, and told about her recovery. She is well after about two years on the Therapy. She admitted that it was rather hard work and confining—but worth it since she would otherwise be in a wheelchair—and confined there for the rest of her life.

On Sunday, before my lecture, a gentleman confided that he had been suffering from ankylosing spondylitis (resembles arthritis) and his spine was virtually paralyzed. He was on 100% disability. He couldn't close his hand,

continued on page 8

Assisted Suicide

Personal Liberty or Innapropriate Healthcare?

by Charlotte Gerson

A concerned member sent us the following item, News from Attorney General Dennis C. Vacco, Albany, New York, dated March 30, 1997. We condensed it somewhat without changing the content. The article is titled "Kill the Pain, Not the Patient".

"As New York's Attorney General, I recently argued before the U.S. Supreme Court to uphold New York's ban on physician-assisted suicide. I was standing before the nation's highest court to make as clear and concise of a legal argument as possible regarding the constitutionality of New York's ban on doctor-assisted suicide.

"Both sides have depicted the issue as a matter of fundamental personal liberty or a profoundly troubling harbinger of future medicine that favors dispatching patients over diminishing pain. The supreme court will have the final say this Summer on whether to strike down bans on the practice of doctor-assisted suicide that currently exist throughout the nation.

"Most of us will spend our entire lives trying to avoid even passing thoughts about the inevitable. Add to that the unease, the fear of dying

alone and in excruciating pain, and it's no wonder the arguments of proponents of expedient, clinical-style suicides appear to be so attractive.

"The point is not whether patients are entitled to assistance in dying, but rather, are we doing enough to ensure that a patient's final days are not marked by such agony that suicide becomes an attractive option in the first place. While modern advances in medical technology and pain treatment have made it possible to make even the most severely ill patients comfortable and nearly pain free in their final days, nearly a quarter of all patients continue to die in pain.

"Among cancer patients, doctors in one study said that 86% were under-medicated; that is, appropriate palliative measures had not been employed. Minority and other disadvantaged patients, as well as women and the elderly were less likely to receive adequate pain treatment.

"Improved training in pain care for medical students would be a good start toward remedying the situation and to protect the most vulnerable.

continued on page 2

- Assisted Suicide page 1
- Not Only Cancer—Recovered patients tell their stories page 1
- Editor's Corner page 3
- Environmental Sensitivities page 3
- Orthomolecular Medicine page 3
- Cheating Hell—The Whole Story page 4
- Recovered Colon Cancer patient page 5

- Misleading Milk Ads? page 5
- From the Convention Circuit—Debbi Wagner page 6
- Caring for the liver now prevents problems later page 7
- Go On—Have a Chuckle! page 7
- Coffee Corner page 8
- Why Spices can cause problems page 8
- From the Mailbag -- Rex Clement page 9

IN THIS ISSUE...

- A Footnote on Pets page 9
- Summer Apple Alert page 10
- Dr. Max, Meet Mr. Walt page 10
- Gerson Therapy Convention and Lecture Schedule page 12

Assisted Suicide...

continued from page 1

Medical schools don't require palliative care training and in some studies an unacceptable number of pain relief nurses were unaware of the true danger and addiction level of commonly used pain killers.

"Many insurers do not provide coverage for even lower cost pain relief medications, while at the same time providing full coverage for far more expensive technology that may prolong life but has no impact on pain relief. The advent of profit-centered HMO's could add to the problem."

We have a number of problems with the above view of the assisted-suicide situation. First of all, Mr. Vacco seems to have little knowledge of actual pain and long term suffering of many patients. In a large number of cases, this is not a matter of 'excruciating pain in their final days' but rather long term suffering that does not seem to yield to the many methods offered in special pain clinics. This is often pain that wears the patient's best and most courageous efforts at management so thin and weighs heavily on the whole family who suffer with the patient that there seems to be no way out. Frequently, these are not cancer patients and do not even have the prospect of an early death.

Another point that Mr. Vacco doesn't seem to understand is that even the best and most modern pain control agents often do not work after a period of time, no matter how artfully applied and varied. In cancer

patients, one of the most powerful pain relieving drugs is the "Brompton's cocktail", a mixture of cocaine, morphine and antiemetics that is usually only given to terminal cancer patients. Even this powerful mixture can be addicting, or the pain is so severe, that the patient finds little relief. And there is no further way to alleviate suffering. But some of the long-term suffering is caused by other problems that find no resolution: bone pain, pinched nerves, the muscle pain of fibromyalgia, etc.

In Oregon, the voters passed a referendum in 1994 allowing assisted suicide. In April of 1996, a nationwide Gallup poll showed that a 75% majority favored allowing doctors to end the lives of the terminally ill. (*TIME*, Jan. 13, 1997. "Is There a Right to Die?" by David Van Biema). But there is no denying the moral dilemma: is it murder? and could this right not be abused?

I believe that it was fairly clear from some of the cases described in the trials of Dr. Jack Kervorkian (who has been variously accused in the assisted-suicide cases in Michigan) that the patients who wished to die were NOT terminally ill cancer patients but rather long term suffering people with chronic diseases that had no chance to lead to death or the hope of an early end to the suffering. In most of those cases, pain relief or alleviation through medication was no longer an option. What does Mr. Vacco suggest then?

It will not surprise our readers that I do not advocate assisted-suicide. There is a much better way to deal with the problem of 'intractable' pain. The Gerson Therapy with its living nutrients, elimination of excess fats, proteins and salt, processed foods and, most important, the intensive detoxification of the body through the by now well recognized coffee-enemas—these have regularly achieved relief of long-term pain. Is this not the best approach, one that overcomes both the moral dilemma for the doctor as well as the unbearable suffering of these patients?

A case in point is a patient who recently attended a Gerson Therapy hospital. This lady had been suffering with intense and debilitating pain caused by 'chronic fatigue'. She was virtually bedfast and unable to function for almost 15 years! Worse, her doctor himself was suffering from

chronic fatigue! When she visited the doctor reporting her suffering and constant intractable pain, loss of sleep, hopelessness—he answered: "You are telling me?!"

Yet, at the end of three weeks on the Gerson Therapy, she greeted me one morning with tears of joy and a big smile on her face: her pain was gone. We are fortunate that in most cases of cancer pain, it doesn't take three weeks for the pain to leave. Of course, if patients have been medicated for lengthy periods of time with heavy pain killers, it takes longer to achieve pain relief. Bone pain, too, doesn't yield quickly. Even these patients have sometimes surprised us and reported prompt relief—but we cannot count on it.

Already in the Hearings before a Senate Committee in 1954, on the occasion of Dr. Gerson's previously unheard of demonstration of five recovered cancer patients, one of the other doctors familiar with the Gerson Therapy testified that "... if the only benefit of the Gerson Therapy were the relief of pain in cancer patients - this Therapy should be made mandatory in every hospital where cancer is treated..."

We have frequently received grateful letters from the families of patients who were too ill to recover and died, stating that the patient was conscious and able to make his or her farewells to the family, did not suffer, and that those last days were most precious. The patient is not going from drugged unconsciousness to pain to more drugs but retains dignity and presence.

Our suggestion is obvious: in most cases, 'intractable pain' is treatable

continued on page 3

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 \$25.00 or more (foreign memberships \$30.00) to The Gerson Institute.

GERSON HEALING NEWSLETTER

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The Principles of Orthomolecular Medicine

Richard A. Kunin, M.D. of San Francisco, CA, summarized the principles of orthomolecular medicine: ("Orthomolecular Psychiatry", in *The Roots of Molecular Medicine: a tribute to Linus Pauling*, ed. R.P. Heumer, M.D. New York; W.H. Freeman & Co. 1986. 180-21.)

• Nutrition comes first in medical diagnosis and treatment, and nutrient-related disorders are usually curable once nutritional balance is achieved.

• Biochemical individuality is the norm in medical practice; therefore universal RDA values are unreliable nutrient guides. Many people require an intake of certain nutrients far beyond the RDA suggested range (often called megadose), due to their genetic disposition and/or the environment in which they live.

• Drug treatment is used only for specific indications and always mindful of the potential dangers and adverse effects.

• Environmental pollution and food adulteration are an inescapable fact of modern life and are a medical priority.

• Blood tests do not necessarily reflect tissue levels of nutrients.

• Hope is the indispensable ally of the physician and the absolute right of the patient.

"I am more than ever convinced that biochemistry and metabolic science will be victorious in healing degenerative diseases, including cancer if the whole body or the whole metabolism will be attacked and not the symptoms."

Dr. Max Gerson, *A Cancer Therapy*

Editor's Corner

...A Change of hands

by Everett Doner

A few times in each of our lives, we make substantial changes to our careers that have a profound effect on who we are and how we work with other people. Such profound change is not unfamiliar to Gerson patients, but recently, one of our friends and colleagues made such a career move.

A few weeks ago, Howard Straus reluctantly stepped down as editor of the *Gerson Healing Newsletter* so that he could dedicate his energies to running the Gerson Center at Sedona, which many of you read about in our past two *Newsletters*.

I was fortunate to spend a weekend at the center recently. While there I had a rare chance to observe a dynamic, vibrant clinic filled with hopeful patients, loving staff, and to see Howard in his new vocation. While his talents will be missed by our readers, rest assured that he is still close in spirit, and joyously busy in Sedona. Our next issue will contain several stories on the grand opening celebration, held at the center May 3rd, 1997.

Howard will be writing an ongoing column on his and his staff's experiences in Sedona, hopefully allowing all of us to better understand the joys and stresses of their unique calling. I look forward to adding my voice to this publication, offering information, perspectives and thoughts on healthy living today and ways that we, together, can change ourselves, our friends, and our world.

I also look forward to restoring our regular delivery time. Many of you have called expressing concern that you haven't received your newsletter in a timely fashion, and we apologize for this. We had delayed our first issue of the year so that we could announce the opening of the Gerson Center in Sedona, and we have been behind schedule since that point. Thank you for your expressions of hope and concern, and we look forward to continuing this resource regularly for our members and supporters.

Assisted Suicide...

...continued from page 2

and can be relieved. Further, patients are often able to recover from their disease and live productive and happy lives. No need to consider suicide.

One more important advantage of the Gerson Therapy: If the pain cannot easily be overcome through the treatment, including the detoxifying of the body, and if the patient cannot recover, the 'addicted' patient whose medication was no longer providing relief can be sensitized again so that the medication works and continues to be effective to the end.

Environmental Sensitivities

...Nutrition does play a part

An interesting item appears under 'Causes of Environmental Sensitivities' in the volume *Alternative Medicine*, compiled by the Goldberg Group (Future Medicine Publishing, Inc. 1994, p. 207). "Poor Nutrition: A major cause of chemical sensitivity is poor or inadequate nutrition. A diet of refined, processed foods deficient in vitamins, minerals, enzymes and other vital nutrients can severely impair the body's ability to function efficiently due to the increased levels of toxins such foods contain. Their ingestion can also result in an increase of free radicals (highly reactive destructive molecules), which can further predispose a person to allergic reactions."

Did you know...

As part of our charitable mission, we donate books and videotapes to public libraries, healthfood stores, and charitable organizations. If you know of an organization that would help us spread our healing message, please contact us today!

Cheating Hell...

... The Whole Story

by Charlotte Gerson

In the March/April 1997 issue of the Healing Newsletter, we promised you the whole story of Jim Wilson's recovery from pancreatic cancer after his doctor had told him that he did not yet understand the 'descent into hell that awaited him.' It was 23 months after being in terminal condition, with severe pain, that he came to the Gerson Therapy hospital in Mexico. Jim writes:

"If you are wondering why you are reading this, it is Charlotte's fault. We had gone to Meridien Hospital for a break and a check up with our doctor after about 21 months on Gerson Therapy. We re-acquainted ourselves with Charlotte, and she asked for our story.

"Where does a story begin? I suppose for the purpose here, the story can start on March 25, 1995 when my wife and I were told the results of my needle biopsy, done at Victoria General Hospital. It revealed the likelihood of cancer in my pancreas. In the following two weeks, we saw our lives turn into a surreal dream. I knew from the beginning that people could survive this diagnosis. That being the case, I also could survive. 'I'm going to live' became my watchword.

"I had just turned 38; my business was taking off, my boys were two and six and my wife and I were, and remain, very much in love. Cancer was not in the picture! My father is a retired physician; he accompanied Cindy and I to see the internist who had the terrible job of telling me to prepare rapidly for the end of my life. Cindy and dad also accompanied me to see the surgeon a few days later who thought there was a chance that he could do a pancreatectomy (partial or total excision of the pancreas) and remove the tumor. There was a two weeks' lag between the surgical consultation and the surgery date. That time was used to explore my awakening faith and confirm to myself that I would live.

The surgery, performed at the Royal Jubilee Hospital in Victoria, British Columbia, was unsuccessful, as the tumor had spread locally and invaded

my aorta and abdominal arteries. The medical staff thought I was in denial when I insisted that I would still live. The wife of the chap in the bed across the ward from me knew about the Gerson Therapy and begged Cindy to take me to the Gerson clinic. We were not at that point ready to look at alternative therapies. By the time we left the hospital, we had friends and relatives all searching for information anywhere they could. Cindy's mom had two file boxes full of information regarding pancreatic cancer! It was rather dismal reading.

"My clinical situation declined rapidly. Within three weeks of discharge from the hospital, I was pretty much bedridden and in excruciating pain. We had short-listed our options to three things, with Gerson Therapy being the distant third choice—something about coffee enemas didn't add up for me. However, the other two options could not produce any long term survivors with whom I could speak. A phone call to Pat Ainey (at the time 10 or 11 years clear of pancreas cancer by the Gerson Therapy) convinced us that this was the route to follow. Four days later Cindy wheeled me into the clinic. When we arrived, the elevator was not working and I could barely climb the one flight of stairs up to my room.

We spent 3 1/2 weeks on our first "Mexican vacation" at the Gerson Hospital. During that time, Cindy attended the lectures and I drank juices, did enemas, rested and felt terrible. The feeling of hope which pervaded the hospital was a wonderful change from the hopelessness we experienced at the conventional hospital at home. While we were at the Gerson hospital, my left lung completely collapsed. The surgeon there tapped my chest and removed one and one-half liters of fluid. Within a week or ten days, I was free of pain and able to sleep. My clinical situation seemed to stabilize after three weeks and we began to psyche ourselves up for the return trip home. Cindy was busy on the phone getting the house organized for the return of a Gerson Person.

The first day home was memorable. My parents and my mother-in-law were there with the boys to greet us at the airport. At home we had a bed arranged in the living room, just off the kitchen and dining room. I was ensconced in the bed and could hear

but not see the goings on in the kitchen. The first juice to be sprayed across our recently renovated kitchen had to be green! The ceiling still has the remnants of the second juice scattered on it. The antics of the juice preparation were accompanied by gales of laughter - something the house had been short of in the previous few months. Eventually, the third attempt was completed. Carrots made it to the glass and without further mishap it was delivered! So began the home learning program.

I was pretty much bedridden for the first two to three months at home. My health has returned slowly, my father was and is thrilled with my progress. On my arrival home he could hear air sounds in about 1/3 of my left chest. After about two weeks, he could hear air sounds in about 2/3 of my left chest and after four weeks my chest was clear. This quite surprised him; his comment to me was that healthy people don't recover that quickly—let alone a cancer patient! By last fall, my health had recovered enough that I was doing small amounts of yard work and even spending some time at the business.

There have been many blessings through this process. Among them is that it taught me to confront and deal with my fear of death. We have had the opportunity to explore our relationship with God. It has also allowed me to start gardening—an activity I had no interest in prior to getting sick, but which I now find both enjoyable and therapeutic, always having something to look forward to. It has allowed me to get my priorities straight...though Cindy may disagree with the last statement.

We have been on the Therapy for 23 months now. I say "we", because this has been a whole family and whole extended family experience. At the rate my health was declining prior to starting the Therapy, it is highly unlikely I would have survived past the end of August, 1995. Each and every day is a blessing though this is hard to keep in focus as my health continues to improve and I want to do more stuff. I don't want to leave any of you with the feeling that we just did this program and two years later, I got better. As those of you, patient or supporter, who are struggling with getting better well know, this program is full of uncertainties and fears. Please know that it can be done. May God bless you all."

Colon Cancer: Bob Harrison

by Charlotte Gerson

A few weeks ago, a phone call gave me special pleasure. We have to take our readers back to the 1981 Convention in San Diego. At the time, we celebrated the 100th anniversary of Dr. Gerson's birth. On that occasion, we had the surprise visit of one of Dr. Gerson's former patients, Irene Harrison. She strode up to the podium barely five feet tall, proud and erect, and announced that she was 91 years old. She also told how, at about age 40, she had been seriously ill and was not expected to live. However, as she told the audience, those many years ago she consulted Dr. Gerson in New York, and with his treatment, she recovered completely.

The phone call in late February came from her son, Bob. Irene had called me several years before, and worriedly reported that her son had been diagnosed with colon cancer. When Bob called me, I first inquired about the present state of his health. He gave me his story:

"In August of 1991, I was diagnosed with a case of colon cancer that required radical surgery. The surgeon told me that he had removed a very large tumor which, for several months, had completely blocked the lower portion of my colon. However, my body had developed a fistula allowing fecal matter to pass from a point in my small intestines to a place below the blockage in the colon. In the process, a six inch portion of my small intestines was also infected and had to be removed.

"Although all evidence of cancer was eliminated, the surgeon who released me from the hospital gave me one year to live. My oncologist was more charitable and gave a 50% chance of living for two years. This doctor also told me that if I submitted to chemotherapy treatments, my chances for survival would increase by 30%. I refused to do this."

Bob then followed his understanding of the Gerson Therapy. "I cut out all fat, salt, caffeine, refined sugar and alcohol. After six months, I realized that I had been too successful in cutting out the fat, which had an adverse

Milk Ads and Osteoporosis:

Complaint Filed With FTC

by Charlotte Gerson

We have read in many books and publications about the relationship between the consumption of excess proteins and osteoporosis. Some of the publications noting the problem include John Robbins' *Diet for a New America* (Copyright 1987, Stillpoint Publishing, Box 640, Walpole, NH 03608) and Ross Horne's *The Health Revolution*, (Copyright 1984, Published by Happy Landings Pty. Ltd., 21 Trappers Way, Avalon Beach, N.S.W. Australia. Presently out of print.) However, we should like to report a new development. The Physicians' Committee for Responsible Medicine (PCRM) lodged a complaint with the Federal Trade Commission in Washington D.C. in January 1997 about a new advertising campaign, sponsored by the National Fluid Milk Processor Promotion Board, saying "with calcium galore, (milk) is one of the best things around." The ads feature the new "celebrity milk mustache", featuring a female or male celebrity. The focus on calcium and women clearly implies that calcium in milk is the answer to the bone loss of osteoporosis, a disease which is of

effect on my cholesterol. This I rectified by taking flax seed oil and walking two miles a day. I ate no meat, but I did eat baked potatoes, raw dark green leafy vegetables, carrot juice, tomatoes, raw broccoli and cauliflower, oatmeal, nonfat yogurt, organic beans and lentils, distilled water, bananas, oranges, apples and other fruit but no nuts or seeds. I must add that the cancer did not get into my liver or lymph glands. Although I am continuing to follow much of the above regimen, I no longer strictly comply with it, especially when I am on out-of-town trips!"

By now, six years later, Bob is well. I was rather uneasy but out of simple politeness, I had to ask about his mother, 16 years after we had seen her at that convention, aged 91. "Oh, she just celebrated her 107th birthday! She is rather weak and needs a companion - but her mind is clear as a bell!"

particular concern to women. PCRM says that the ad obscures the fact that loss of bone mass is typically caused by excessive calcium loss, rather than inadequate calcium intake.

"In fact, increasing milk consumption is one of the weakest possible strategies for protecting the bones and to suggest otherwise is dangerously misleading. Calcium intake during childhood and early adulthood does influence bone mass. However, bone density quickly declines later in life if calcium losses are not controlled. In fact, countries with high calcium intakes typically have much higher fracture rates compared to countries with lower calcium intakes, indicating that the factors encouraging calcium loss easily overwhelm any beneficial effect of a higher calcium intake.

"For example, the average calcium intake in Singapore is 389 mg/day, less than half of the recommended daily allowance in the U.S. But the fracture rate in Singapore is five times lower than in the U.S., where the calcium intake is much higher."

"Dietary and lifestyle factors that encourage the loss of bone calcium include: animal protein, sodium, caffeine, phosphorus, tobacco, sedentary lifestyle. The demineralization caused by these factors has a much greater public health impact than variations in calcium intake."

"For example, eliminating meat from the diet was found in one study to cut urinary calcium losses in half. Cutting sodium intake in half can reduce calcium requirements by 160 milligrams per day. Avoiding tobacco has demonstrable effectiveness: smokers have 10% weaker bones compared to non-smokers. Regrettably, American women have little knowledge of these factors, thanks in large measure to a continuing deluge of misleading advertisements from the dairy [and meat, ed.] industry: the result is a continuing epidemic of serious, sometimes life threatening, fractures."

Some calcium is needed in the diet. The World Health Organization recom-

Continued on page 6

From the Convention

Circuit:

Debbi Wagner Shares

Her Story

"My name is Debbi Wagner. I am 41 years old. On January 26th, 1995, I went to the San Antonio Community hospital in Upland County for a routine vaginal hysterectomy with rectocele repair. During the surgery, they found multiple nodules on the upper vaginal cuff. They finished that surgery and did an exploratory laparotomy. During this procedure, they found cancer on the ovaries, bowel, omentum and pelvic gutter. Therefore, they had to do a more extensive hysterectomy through the stomach, removing the ovaries, omentum, and scraping the bowel and pelvic gutter as much as possible. Three nodules on the small bowel and right pelvic gutter were left. These measured less than 1.0 cm in size. Seedlings on the vaginal wall were also left.

"My family and I were stunned to find out I had ovarian cancer. We didn't know the stage for a few days. It turned out to be "Stage III" papillary serous ovarian carcinoma with extensive omental involvement, studding of the bowel and right gutter as well as involvement of both ovaries. The doctors wanted me on chemotherapy (Taxol and Cisplatin). I wasn't sure what I wanted to do at the time, I was real scared. I wanted a second opinion and scheduled a visit with the



Debbi Wagner

UCLA Medical Center. I took my pathology slides along and hoped to find out the doctors had given me the wrong diagnosis. Instead, the original diagnosis was confirmed. At UCLA, they also suggested Taxol and Cisplatin. I made an appointment with a doctor near my home to start chemotherapy.

"My prognosis was not good. The experts said long time survival was unlikely and that I probably had 6 to 9 months to live. After getting this information, my Dad and uncle really pushed me to look into the Gerson Therapy instead of chemotherapy. They helped me read *A Cancer Therapy - Results of 50 Cases*, and watched the videos with me. We all had to make decisions about what to do—but the ultimate decision was up to me. When you are so scared and told you are losing your life yet the doctors oppose this nutritional program it is so confusing. I started to do my own research. I went to the library and read about this chemotherapy they recommended, also about the Gerson Therapy and a

continued on page 7

Calcium...

continued from page 5

mends the consumption of 400-500 mg of calcium per day. Green vegetables provide calcium which, except for spinach, appears to be of equal or greater bioavailability than that in milk. These sources have other advantages: they also provide other minerals, antioxidants, complex carbohydrates, while being free of animal protein, animal fat and lactose. The adequacy of plant sources is clearly shown in population studies. Groups which follow plant-based diets generally have lower fractures than those whose diets are based on animal products. States the Physicians' Committee for Responsible Medicine:

"The dairy ads give women a dangerously false sense of security, suggesting that if they drink milk, their bones will be protected," says Neal Barnard, M.D., President of PCRM.

"Excessive calcium intake does not fool hormones into building much more bone, any more than delivering an extra load of bricks will make a construction

crew build a larger building. The problem is calcium loss, and the dairy ads only obscure that fact."

John Robbins writes: "One long-term study found that with as little as 75 grams of daily protein (less than three quarters of what the average meat-eating American consumes) more calcium is lost in the urine than is absorbed by the body from the diet—a negative calcium balance." (*Diet for a New America*, p. 191)

In every study the same correspondence was found: the more protein that is taken in, the more calcium is lost. (Allen, L., et al. Altschuler, S. "Dietary Protein and Calcium Loss: A Review", *Nutritional Research* 2:193, 1982.) Dr. John McDougall, one of the nation's leading medical authorities on dietary association with disease, adds: "I would like to emphasize that the calcium-losing effect of protein on the human body is not an area of controversy in scientific circles. The many studies performed during the past 55 years consistently show that the most important dietary change that we can make if we want to create a positive calcium balance that will keep our bones solid is to decrease the amount of proteins we eat each day."

Nathan Pritikin studied the medical research on osteoporosis. John Robbins reports, and found no basis at all for the Dairy Council's viewpoint recommending that American women should take in 1200 mg of calcium daily. He reports: "African Bantu women take in only 350 mg of calcium per day. They bear nine children during their lifetime and breast feed them for two years. They never have calcium deficiency, seldom break a bone, rarely lose a tooth. ...They are on a low-protein diet that doesn't kick the calcium out of the body. In our country, those who can afford it are eating 20% of their total calories in protein, which guarantees a negative mineral balance, not only of calcium, but of magnesium, zinc, and iron. It's all directly related to the amount of protein you eat."

It will not come as a surprise to our readers, familiar with the Gerson Therapy, that this low-protein nutrition, extremely high in natural, living minerals, not only prevents but has been shown to reverse osteoporosis. Yet there is one more item to keep in mind: cheese, which is not included in the 'Liquid Milk Council' ads, is also a very damaging food: it is high in protein, high in sodium, and can contain up to 60% butterfat.

An Ounce of Prevention:

Healthy Eating Now Prevents Liver Damage Later

On February 17, 1997, an article by staff writer Richard Acello appeared in the *San Diego Business Journal* about a corporation that produces a material that helps the liver function while patients await a liver transplant. The article's headline suggests that the material is similar to the liver in that "...just like the body's liver, ...it regenerates".

Mr. Acello reports on the causes of acute liver disease, such as viral hepatitis, drug overuse, high alcohol consumption — or just eating toxic food. Currently, it is reported, more than 3,000 liver transplants were performed in the United States last year

more than 3,000 liver transplants were performed in the United States last year — yet over 7,000 patients are on waiting lists.

— yet over 7,000 patients are on waiting lists. Also, "more than 20 percent of transplant recipients will die within two years of receiving a new liver...and more than 26,000 Americans died from liver disease or cirrhosis last year" at a cost of \$7.8 billion. ...A liver transplant costs more than \$250,000, not to mention the \$20,000 per year for the immuno-suppressive drugs the patient takes to keep his body from rejecting the foreign organ.

The author also points out that it is wisest to avoid the need for a new liver by keeping your liver in good condition! Besides, he reports that the liver is able to regenerate itself given the best conditions of food and elimination of toxic substances.

We should like to add to this suggestion that the Gerson Therapy has overcome even serious, existing damage of cirrhosis and liver cancer, using the intensive support of living foods and juices along with regular detoxifying with coffee enemas. The Gerson Therapy is also vastly less expensive, more available and longer lasting than a liver transplant!

Go on, Have a Chuckle!

The following classified ads, as they actually appeared in newspapers, comes to us from *Coffee 'n Carrots*, the newsletter of the Gerson support group in England.

Illiterate? Write today for free help.

Dog for sale: eats everything and is fond of children.

Man wanted to work in dynamite factory. Must be willing to travel.

Mixing bowl set designed to please cook with round bottom for efficient beating.

Now is your chance to have your ears pierced and get an extra pair to take home, too.

We do not tear your clothing with machinery. We do it carefully by hand.

Tired of cleaning yourself? Let me do it.

For sale: an antique desk suitable for lady with thick legs and large drawers.

Get rid of aunts. Zap does the job in 24 hours.

Mt. Kilimanjaro, the breathtaking backdrop for Serena Lodge. Swim in the lovely pool while you drink it all in.

Used cars: why go elsewhere to be cheated. Come here first.

Debbi Wagner

Continued from page 6

few other treatments. I asked UCLA and my oncologist for names of patients who were alive five years after doing chemotherapy for ovarian cancer. They didn't do it. My oncologist gave me the name of one lady who, after 2 1/2 years since her first chemotherapy was back on chemo and not doing well. I asked the Gerson Institute to give me patients' names and phone

numbers—and they did; so did the Cancer Control Society in Los Angeles. I telephoned these individuals and they all had my stage of ovarian cancer or higher. They were 9, 10, 14 and 17 years after their original diagnosis with no recurrences, using the Gerson Therapy—and feeling great.

"The Gerson Therapy really made sense: to cure my cancer by rebuilding my body whereas chemotherapy kills off all good and bad cells and ruins the immune system. I canceled my chemo the day before I was to start it and made plans to go to Mexico to start the Gerson Therapy. My family and friends stood behind my decision and were very supportive.

"It has been two years since I was diagnosed with that nightmare. At this time, I have no sign of any recurrence and all my tests, including the CA 125 and MRI's show clear. In February of 1995, two weeks after my original surgery, an MRI found a cyst on my left kidney and gallstones. At present, all MRI's are clear. I also had adult onset diabetes which is now controlled. I do not have to take any hormones to control my body changes due to the removal of my ovaries. Since I was little, I also had trouble with panic attacks, later I wouldn't drive a car for more than a block away from my house. I have not had any attacks in over 1 1/2 years and now drive a lot at all hours of the day or night by myself. I have become more self-reliant and am a person I never thought I could be.

"My close friend, aged about 40, was diagnosed with ovarian cancer. She was treated with chemotherapy and died. Another friend had a sister-in-law in her thirties with ovarian cancer. She had chemo and died. Another friend's relative with ovarian cancer also took chemo and died. None of them made it even for nine months. I am the only survivor.

"I thank Dr. Gerson and the Gerson family as well as my family and friends for all they have done, standing by me through this ordeal. Every new day I see is special because I feel if I had chosen chemotherapy I wouldn't be here today. I am much healthier and active than I have ever been."

Hyperactivity:

Continued from page 8

school children. Dr. Benjamin Feingold, M.D. studied the possible link between attention deficit disorder and food additives. Extensive studies tend to report this theory although the National Institutes of Health Consensus Development Conference of Defined Diets and Childhood Hyperactivity only suggested further investigation into this subject.

In allopathic medicine, hyperactive children with ADD are usually treated with Ritalin, a drug that has serious side effects over a period of time. Since a change of diet, withholding of sugar and caffeine stimulants, organically grown foods and natural foods prepared without additives produce such excellent results, one should seriously consider a less intensive Gerson Therapy regimen in place of drug treatment.

A Footnote on Pets

The following comes to us from the PPNF (Price Pottinger Nutrition Foundation) Newsletter Volume 21, No. 1: Spring 1997.

"We recently added a puppy to our family, a pug named Riley. Of course, we were all excited about his arrival so we all read a bunch of books on the care of dogs and pugs in particular. Every single book, article, etc. I encountered stated unequivocally DO NOT feed your new dog anything but the highest quality dog food, do not give your dog junk food, sugary things, soda, etc. It spoils his health, ruins his teeth and results in bad behavior. Furthermore, don't feed your dog food with preservatives, as they will cause your dog to develop cancer. In our house, in spite of Riley's pleas, we wouldn't dream of giving him pie, cake, chips, etc. It makes you wonder, doesn't it — maybe children now should come with package inserts!" Thomas Cowan, MD, PPNF Advisory Board Member.

From the Mailbag:

News of a Testicular Cancer Recovery

Rex W. Clement writes:

"We arrived in Lafayette, TN at the end of April, 1995. We lived in a motel for a month while looking for a home to rent. During that time, Rex noticed a painful growth on his right testicle. After an unsuccessful round of antibiotics prescribed by a local MD, we were referred to a urologist who informed us that it was most likely a malignant tumor. He

strongly recommended the removal of the testicle. A second opinion from a Vanderbilt University urologist suggested the same course of action. Less than 24 hours later (on July 12th) Rex was in surgery at Vanderbilt Medical Center. A biopsy of the tumor confirmed it to be malignant - embryonal cell carcinoma, to be exact. Less than one week later, a CT scan revealed that the cancer had spread into Rex's lymph system. This was the news most difficult to receive. Our oncologist informed us at this time that Rex would need to undergo an intense chemotherapy program. Chemotherapy does have a very high success rate with testicular cancer. However, not only can the short term side effects be severe, but so can the possible long term effects be, such as permanent damage to internal organs, permanent numbness in the extremities and permanent sterility to mention a few. And yet, according to 'traditional medicine', to refuse chemotherapy was to assure a death sentence.

"It was at this time that we hit our knees big time. We didn't feel at peace undergoing chemotherapy and yet how could we turn away from what our doctor said was our only hope! Praise Him who is the great Physician! In our weakness and fear, the Lord comforted us with His word from Isaiah: "Do not fear, for I am

with you."

"During this confusing time, a new-found friend (we call her our angel in disguise) lent us half a dozen books and several videos on alternative can-



Rex Clement, recovered cancer patient, with his family.

cer therapies. We began devouring them—asking the Lord to guide and direct us. God did indeed answer our prayers and guided us to the Gerson Therapy. After beginning a modified version at home, the scans revealed tumor reduction. However, when a later scan (November '95) revealed a regrowth of the tumors, we hopped a plane to California and checked into the Gerson Therapy hospital in Mexico for a 2 1/2 weeks' stay to get on the entire protocol.

"The results?"

January '96: CT scan revealed tumor shrinkage

April '96: CT scan revealed total remission!

August '96: CT scan—no change!

January '97: CT scan - still clear

"God's word says we are wonderfully and fearfully made. He has given each one of us a fabulous internal army (our immune system) that can fight against invaders when it is strengthened and built up. Rex continues to strengthen and build his immune system by staying 100% 'true blue' to the Therapy and will be on it at least until July '97."

Summer Apple Alert:

Organize your supply now!

Because of the importance of apples in the Gerson Therapy, we annually reprint the following article from the Gerson Healing Newsletter, Vol. 9 No. 1.

The season is fast approaching when apples become hard to find. While we recommend various green apples for juices, such as Pippins, Greenings, Granny Smith, Macintosh, etc., it becomes almost impossible at this time of year to find organic ones. During late June and July, you will be lucky to find organic red delicious apples -- so there really is no choice, you'll have to use them. Soon, even these become difficult to find, but you urgently need apples.

We have suggested in the past that you find a good supplier of organic apples. Buy and pay for some 10-12 cases of apples, then ask your supplier to keep them in his/her refrigerated warehouse until you call for them. It is also wise to have a few boxes left over for late July and early August when the new crop comes in. These apples are often still somewhat green and unripe. If you have a few of the old crop, you can mix these two varieties and have juice that will not be too sour, nor upset your digestive tract.

In our Next Issue:

- **Charlotte Gerson's 75th Birthday Banquet**
- **Gerson Center in Sedona holds its Grand Opening**
- **St. Johnswort as a promising natural antidepressant**
- **Patient Story: Sharon Lamar, Recovered Lymphoma Patient**
- **Report from the Lecture Circuit**
- **Letter from Sedona**

And much more!

Dr. Max, Meet Mr. Walt

Further Musings on the Gerson Lifestyle

by Everett Doner

A trip last fall to Disneyland provided some remarkably profound insights on the nature of a Gerson lifestyle when it collides with the rest of the world. The park was in full form on a warm October day, cool enough to enjoy the sun above making everything glitter, just the way of Walt would have wanted it to be. To my surprise, even the concession stands had made a valiant effort to provide semi-healthy food to their patrons; salads appeared on menu lists right next to hamburgers and onion rings. Additionally, large wooden carts, scattered throughout the park, sold fresh fruits and vegetables as a peddler of old world. The peddlers stood and smiled, selling wares throughout the park with a smile on their faces and customers all around paying high prices for a huge and flawless apple or bunch of grapes instead of high prices for a cheeseburger and milkshake.

As I wandered through the park, hand in hand with the 5 year old cousin who shares my first name, I started to wonder what would happen if Walt Disney had been a Gerson patient. Just imagine the changes in the foremost amusement park in the country! Would the mad tea cups be enema buckets? I suppose Space Mountain's new corporate sponsor would be the Norwalk company, and all of the rides would shut down every hour so that the employees could go off and make juice.

Thinking further, what if we were to, say, "alter" some of the fairy tales that permeate the land of Disney à la Gerson? For example, the story of Snow White would be unthinkable different. The evil queen, originally the most beautiful in all the land, was obviously that way because she used so much make-up, constantly poisoning her system and probably causing her to be so evil in the first place. All she would have needed was a good face washing and an enema or two and I'm sure she could have been a wonderful person. Next come the

dwarfs, and what a selection of problems they present! All of them dwarfs, poor things, probably as a result of an underactive thyroid gland, probably caused by all that work they did in the mines, and all that dirty air and toxins leaching into their system. Just an examination of their names reveals so much that could have been corrected. Sleepy and Dopey must have had all sorts of horrible toxins in their systems causing them to be lethargic and slow-thinking; an enema would have done wonders for them, Sneezy was continually sick, and must have had a terribly depressed immune system causing him to be susceptible to any little bug that came around. He probably needed an enema as well. Grumpy, naturally, was in a horrid mood all the time due to a chemical imbalance in his brain, easily corrected by a bit of carrot juice and (do you notice a trend here?) an enema. And, ironically, the head dwarf was "Doc", an agent of the conspiratorial medical establishment, no less!

Next we arrive at the fateful moment that Snow White bites into the poisoned apple and falls into a deep sleep. What the story doesn't tell us is that this same apple was covered with pesticides and chemicals that probably caused Snow White to fall asleep in the first place, never mind the poison added by our mis-understood toxic queen. The bit about the prince needing to kiss her to awaken her seems a bit far-fetched to me; all she would have needed would have been (you guessed it) an enema.

Naturally I mean all of this in jest. Somehow mythology is weakened considerably when you play the part of revisionist historian, but it can be great fun anyway, especially as you wait in a two hour line to sit in a boat and listen to all the children in the world sing "It's a Small World" over and over again. Any of our readers want to tackle Alice in Wonderland?