



# GERSON HEALING NEWSLETTER

Volume 13, Number 5

September - October, 1998

## Recovered Patients:

A collection of five patient stories with recoveries from Ovarian Cancer, Uterine Cancer, Breast Cancer, scleroderma and multiple sclerosis.

SPECIAL FEATURE (See page 3)

A very important program at the Gerson Institute is the follow-up of former patients. Since there is a very large number, and we have a limited staff, we are progressing slowly. Although patient follow-up is a time-intensive activity, it is always well worth the effort. It is very exciting and satisfying for us to find so many patients happy, alive and well, for a very long time after their start on the Gerson Therapy.

Here are the real-life recovery stories of five people healed with the Gerson Therapy. We hope you find them inspiring. (see "Recovered Patients" feature page 3)

## Allopathy vs. Alternative:

Sunday morning, May 24, 1998. CBS affiliate, KNX in Los Angeles, aired a segment by CBS commentator, Charles Osgood, on his regular "Osgood File" broadcast:

By Charlotte Gerson

Charles Osgood noted the *New England Journal of Medicine* (May 1998), reporting that too many doctors treat a single major disease and neglect other problems a patient may have. An example was given involving a patient suffering from diabetes who may also have problems with osteoporosis - however, while one disease is treated, the other remains untreated. Several thoughts come to mind from this.

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## Integrative Medicine

most recent moves toward "alternatives"

By Charlotte Gerson

In the *Journal of the American Medical Association (JAMA)* of October 1991, there was a lengthy article entitled "Beyond Allopathy," with a subtitle "Eye Opener." It quotes a 1990 survey showing that 34% of Americans had used at least one alternative therapy in the previous year. Another item shown in the survey was that "the highest users were better-educated, upper-income whites, 25 to 49 years old." At that time, among the specific alternative therapies used, nutrition does not appear.

In *Gerson Healing Newsletter* (Vol. 11 No. 6) we published an article entitled "Alternative Medicine Debate Heats up," while more recently we reported on a meeting of the "Council Against Health Fraud," (*Gerson Healing Newsletter*, Vol. 12 No. 5) that took place on June 26, 1997. Our report focused on the Council's changing attitude toward alternative med-

icine, quoting one physician as saying "We may soon have to admit that alternative therapies work," and may even "become mainstream." I am happy to report that further advances have been recorded in the struggle to gain acceptance for "Alternative Medicine." In the *JAMA* of May 20, 1998, an article appears entitled, "Why Patients Use Alternative Medicine" - Results of a National Study, by John Austin, Ph.D.

Dr. Austin gives a definition of "unconventional," as those practices "neither taught widely in the U.S. medical schools nor generally available in U.S. hospitals." However, he also uses the term interchangeably with "alternative."

More recent studies in the United States and abroad show increasing use of alternative health care. In 1994 physicians practicing many different specialties

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GERSON  
**HEALING**  
NEWSLETTER

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The Gerson Healing Newsletter is published on a bi-monthly schedule (6 times per year) by the Gerson Institute. It is our membership lifeline, and is intended to keep our members and the public informed of various health issues.

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## "Integrative Medicine"

(Continued from front cover)

(in Washington State, New Mexico and Israel) showed that some 60% of these physicians recommended alternative therapies to their patients at least once in the preceding year. 47% of these same physicians surveyed also reported using alternative therapies themselves, while 23% incorporated them in their practices.

The author then tries to define reasons for the popularity of alternative therapies, correctly placing "dissatisfaction with conventional treatments" in the number one slot. As conventional treatments have remained impersonal, expensive, and more often drug-based solutions, the number two reason people are turning to "alternative" medicine is that "Patients feel empowered and in control with alternative therapies." The third given reason is more philosophical, as the author assumes alternative therapies are more compatible with patients' values and belief systems. Further into the article however, he [figuratively] puts his fin-

ger on the pulse of "alternative" medicine's popularity, stating "The treatment promotes health rather than just focusing on illness."

It is evident that the medical establishment is getting the message: Alternative medicine is going to carry the day in the future - whenever that may be. It will not serve the establishment to continue fighting against alternatives, as it is the public [the patients themselves] who are very clearly taking a stand.

Another important step for "alternative" acceptance was a recent (June 12-14, 1998) meeting organized by The Center for Mind-Body Medicine, titled "Comprehensive Cancer Care—Integrating Complementary and Alternative Therapies." The meeting took place in Arlington, VA, just outside of Washington, D.C., and was jointly sponsored by the National Institutes of Health (NIH), the Office of Alternative Medicine (OAM) and the University of Texas-Houston Health Science Center Medical School and School of Nursing. James S. Gordon, M.D.,

acted as Director. He founded the Center for Mind-Body Medicine eight years ago and with the goal of transforming the practice of medicine to create a more compassionate, open-minded model of health care and "creative collaboration among conventional, complementary and alternative care givers."

A very high number of physicians attended, largely from the establishment, but the speakers' list did include such alternative medicine advocates as Robert C. Atkins, M.D.; Stanislaw Burzynski, M.D.; Nicholas J. Gonzalez, M.D., Michael B. Schachter, M.D., Bernard S. Siegel, M.D., Senator Tom Harkin and former Congressman, Berkley Bedell, as well as well-known author Ralph W. Moss, Ph.D. All are very active in the alternative medicine movement.

In view of the many speakers for alternative medicine, it was truly impressive to also find a very large contingent of attendees and speakers representing orthodox medicine. Admittedly, these orthodox practitioners were not necessarily all convinced of the efficacy of the alternative treatments presented. We must note that in the not-so-distant past, they would have refused to even be seen on the same platform as the 'heretics,' according to quackbuster, Victor Herbert, M.D. ♦

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Thank you.

## A Surprise Visitor

at the Arlington Mind-Body Medicine Convention

We had one especially surprising visitor at our booth in the exhibit area of the Arlington Mind-Body Medicine convention. This visitor was a tall, handsome young man by the name of Billy Best. Four years ago at age 16, Billy ran away from home and from the medical community. He had been diagnosed with lymphoma and already suffered one complete course of chemotherapy (scheduled to receive another). Unable to imagine living through the terrible experience again, he found the courage to run away. His story was given considerable attention by the

media, and as it turns out, when I told others of our surprise guest, many remembered reading about this young man.

Billy refused chemotherapy, and instead found non-toxic, alternative treatments to successfully fight his disease. Obviously, he is alive and says that he is in good health. Billy, we are all enriched by this story of extraordinary courage in such a young man, and congratulate you on winning the fight for your health.

# Recovered Patients

a collection of five real-life stories

By Charlotte Gerson (unless noted otherwise)



**Barbara Conklin**  
**Ovarian Cancer**

by Barbara Conklin

"I was born on February 8, 1942 in Cincinnati, Ohio. I had polio when I was 7 years old, that left me with many residual problems including scoliosis (abnormal curvature of the spine) and the use of a leg brace and crutches to ambulate. When I was a child, my mother told me that I could do anything I wanted to do - but if I sat home and felt sorry for myself, I would be doing this alone. Throughout my life, I have pretty much done everything I decided to do, including going to college and graduating with a Master's Degree in psychiatric social work. I am married to a wonderful husband who has always been supportive in whatever I wanted to do.

"In 1983, due to many allergies, my husband and I moved to Florida (the St. Petersburg area) and started following a vegetarian diet. Organic food and a modified macrobiotic diet were most helpful. Also, I have been an avid reader on alternative medicine for 15 years.

"In October of 1995, I felt lumps in my abdominal area and my gynecologist had an ultrasound done which showed two tumors, and a CA 125 test showed a score of 398 (a "Normal" score is lower than 31). I chose to have a complete hysterectomy which was biopsied. The diagnosis

was ovarian cancer, stage II, a very fast growing cancer. After surgery, my cancer score went down to 85. After three weeks on the Gerson Therapy, the score went down to 31. Since then the CA 125 has fluctuated from as low as 6 to 16. In January, 1998, with the reduction of the strict Therapy, the CA 125 was 11.

"After my surgery, when the surgeon advised me to have chemotherapy to get rid of the cancer cells left behind, I refused. The surgeon said that the prognosis after surgery and chemotherapy for ovarian cancer was 20%. Without chemotherapy it was approximately 2%. Since my odds were very poor for surviving this type of cancer, I opted to contact Charlotte Gerson and to go to the Meridien Hospital in Mexico. I knew I could never survive chemotherapy and believed it would kill me. So, if my prognosis was not good, I felt that I was going to determine my own treatment and destiny.

"I started the Gerson Therapy at Meridien hospital on November 15th of 1995, and stayed till December 5th. I have religiously followed the full program for two years at home and am now on a modified program of 3-4 juices daily and a coffee enema every other day.

"After seven months at home on the full Therapy, finances became a real problem. I was able to return to full-time work as a psychiatric social worker at the Veteran's Administration Hospital but had to hire a kitchen helper to make juices to take to work and make up the enema coffee so that I could continue to stay on the Gerson program. I had to move closer to work in order to come home on my lunch hour for juices, a noon meal and a coffee enema. This has proved workable (but not easy) and expensive. To help with the expensive organic produce needed to follow the Gerson program, I was able to find a source of organic carrots and green vegetables at wholesale prices. I have taken cancer antigen blood tests and the results show dramatically that the Gerson program has been a life saver.

"I have had frequent follow-ups with the Meridien doctor. My co-workers, physicians, nurses as well as other staff at the Veteran's Hospital where I work - all showed a lot of support and especially curiosity about my progress. One local physician told me I should have been dead in 6 months. My response was, "I would have been if I had done chemo or radiation." I knew that adding another toxin to the body with a poor immune system was not the answer.

"I did not let my job interfere with my progress on the Therapy. My co-workers were aware of my routine of drinking a juice every hour because my talking alarm watch would remind me during meetings. I would pull out another organic juice and drink it.

"I feel strongly that to follow the Gerson program religiously, a person must be determined and convinced that the program can cure cancer and that they must persevere in spite of all the obstacles.

"I am very sad that the American medical establishment is under such control and is against non-chemical treatments which work especially since what they have to recommend obviously fails. I think it borders on the criminal."

## **Madelyn Handlong** **Uterine Cancer**

At age 61 (or 62) Madelyn was in the course of her regular, annual check-up and Pap smear, when the doctor noted she had uterine bleeding. Madelyn thought that, surprisingly, she was still having her period. The doctor performed a D & C and discovered that, in fact, Madelyn was suffering from uterine cancer. Malignant cells were found in the scraped tissue. That, too, surprised Madelyn, since she had been careful to eat "healthfully" since 1957. At that time, she was suffering from bursitis. The movements of her shoulder were so restricted that she was unable to comb her hair and she couldn't swim. She read an article in Prevention which told of using Brewer's yeast to treat bursitis. She tried it and found that within about three weeks of taking some tablespoonfuls of Brewer's yeast she was sleeping better and her arm was moving much better. She had also changed her diet.

("Recovered Patients" cont. next page)

## "Recovered Patients" (Continued from previous page)

With a diagnosis of malignancy in the uterus, her doctors "wanted to do a hysterectomy, followed by radiation." Madelyn spent a few days at the hospital, (after the D & C) but "she couldn't stand it," and refused the suggested treatments. Her husband had Dr. Gerson's book *A Cancer Therapy* that he had bought second hand, and Madelyn decided to give the Gerson Therapy a try. She stayed at the Mexican Hospital for a month in 1985. Meanwhile, her daughter helped her to get the Gerson Therapy household organized. She even found a secondhand Norwalk. Madelyn "just loved the Therapy; it was my kind of thing," she said.

Madelyn improved and after about six months, she went down from 13 juices to about seven a day. She is now 74 years old, continues to be very well, active and is working hard in her family's business, a plant nursery with a successful mail order catalog. The evening I spoke to her, she admitted to feeling tired. She told me that she "had potted 2,870 pots in three months, tall bearded irises, that were getting ready to be shipped."

Then she also admitted they use agricultural chemicals at the nursery. I urged her to be careful, that she should avoid being exposed, and gave her the advice to be sure and detoxify after any spraying of the area.



**Jean Clark**  
**Breast Cancer**

In May, 1990, Jean went for her annual check-up and the doctor discovered lumps in her left breast. A mammogram

was taken and the doctor said he was 99% sure it showed malignancy, but in order to confirm his opinion a biopsy had to be taken. The biopsy (performed at Burnaby General Hospital) came back positive, so surgery was recommended involving a lumpectomy along with lymph node dissection. Four out of 12 nodes were positive.

Jean was referred to a cancer clinic where she was prescribed Tamoxifen and scheduled for radiation. She refused both - choosing to do nothing at all until the end of 1991. At that time she realized she was in deep trouble; she knew she was dying. She "had no energy, no strength and was a wreck. I did not recognize myself in the mirror. That person looking back at me was dying."

On December 30, 1991, a kettle of boiling water fell on her foot and took all the skin off.

The doctor at Burnaby General was talking skin grafts. "I was sitting on the gurney and saying to myself, God, I cannot handle skin grafts and cancer at the same time - He answered my prayer." Jean's sister Lila, who is a volunteer at the Health Action Network in Vancouver, was familiar with an alternative cancer treatment called the Gerson Therapy and told Jean about it.

On January 2, 1992, she entered the Mexican Gerson hospital, confined to a wheelchair. The doctors there treated her severe burns and infections with natural tree bark powder and some antibiotics. She was amazed that on the Gerson Therapy, the 'triad' (one aspirin, one 50 mg niacin and one 500 mg tablet of Vitamin C) took her pain away. [It would be hard for any allopathic physician to believe that one aspirin with some vitamins would be sufficient to relieve burn and cancer pain!] The burns healed very rapidly and today not even a scar is visible on her foot. Seven days after she arrived at the hospital, she was able to walk. However, it took some six months before she had enough strength to do the full Therapy on her own. In the meantime, her sister faithfully helped her many hours a day, every day, to keep up the juices.

It was interesting that after three months on the Therapy, her family could see her getting better, while it took Jean six months to see the improvement and change!

Jean stayed on the Therapy and after about two years, she reduced the juices to three a day, but stayed on all organic and vegetarian foods. Last year she got remarried. Her new life included "eating out a fair bit - and by December 1997, she found that she had some swollen glands again. A biopsy at Burnaby General proved cancer. Jean "hit the Gerson Therapy again"; and it took about four months for the lymph nodes to come down again. "Now they are very, very tiny - but not gone," she told the Vancouver attendees. [They may be calcified or have turned into scar tissue.]

Today, the whole family lives vegetarian. Jean's brother-in-law was staying at Jean's house "and his health improved tremendously. When he leaves and goes on other food, he doesn't feel good."

### Convention Attendee (unnamed) Multiple Sclerosis

After Jean's testimony, I asked the audience whether there was another patient who had done the Gerson Therapy and had results to report. A gentleman got up and came to the podium, apparently walking normally. I knew neither him nor his previous problems.

He told us that some five years ago, he had been diagnosed with multiple sclerosis, and that his disease was advancing. He had problems walking and his vision was affected, with double vision at times. Since doctors have no cure for this problem, he looked for other ideas in order to avoid the wheelchair and worse.

He learned about nutritional healing and changed to an all raw, organic vegetarian diet, with juices - but not the actual Gerson Therapy. He then reported improving slowly, but during his recovery period, especially at the start of his all raw organic diet, he had toxic symptoms, including skin rashes and headaches. This gave me a clue and I asked him whether he had done any coffee enemas. He had not. Under those circumstances, the body has to clear the released toxins from its internal functions and essential organs. Sometimes they get pushed into the skin and cause the symptoms the patient described. The body does eventually clear the toxins - but this patient would have suffered far less had he taken the coffee enemas. I explained this to

him but he had a novel excuse: He had lived in Austria and was very enamored of a really good cup of coffee. He just couldn't bring himself to use this wonderful drink as an enema!

Since he was not a cancer patient, the increase in toxicity from which he was suffering at the start of his healing was not serious enough to cause liver damage. But cancer patients should not avoid enemas since this could cause additional toxic problems to the already damaged liver. I urgently suggested to this gentleman he do the coffee enemas since he was still not really healed after several years on the raw food diet. I promised him that his recovery would be much more rapid and complete, besides he would not have rashes and headaches. But he could not see it that way and was satisfied with the slow improvements he had achieved over the years. He was willing to keep up his present treatment.



**L. Jerry Kenow, Jr.**  
**Localized Scleroderma (morphea)**

Sometimes we are very lucky. We recently heard from the youngest sister of a patient treated some 50 years ago when he was at the age of two. Although exact information was hard to come by on this case, Jerry and his sister were able to piece together many of the important facts.

"When I was two years old, my skin tightened in some areas and I had a problem walking. I was taken to Gillette Hospital [in Minneapolis] and on July 15, 1948 received braces for my legs. At first the doctors thought I had polio; then I was diagnosed as having scleroderma. My mother said that [the hospital staff stated] 'I was the first male child to have

this disease.'"

"In 1950, the Lion's Club paid for my trip to New York to see Dr. Gerson. After this visit, I was on a strict diet of green juice, carrot juice [vegetarian foods] and liver shots. Later I missed all of the 2nd grade because of this treatment.

"The doctors had told my mother at one time that I would never walk correctly, nor live a long life, or ever have children. I am now 55 years old. God has blessed us with three children and two grandchildren. I truly believe Dr. Gerson's treatment helped overcome this disease. I have not had any symptoms for 40 years.

"The disease has left some visible marks: my feet are two different sizes; size 7 1/2 on the left and size 11 on the right. There is a scar on my forehead and across the top of my head. One side of my stomach (abdomen?) is caved in. Other people never notice these things unless I tell them about it. At age 14 I had an operation to stop the growth of one leg so the other side could catch up.

"My profession has mainly been drywall construction for the last 30 years. I use stilts to reach high places and hang sheetrock. I have very good balance when working on scaffolding.

"I still have the grinder and press my mother used to make the juices 50 years ago. Looking through the old records, I found many letters from other patients to my mother asking for details of the treatment and how I was doing. It was because others were willing to share with my mother that she found out about the treatment Dr. Gerson had developed."

Dr. Gerson's letters to Mrs. Kenow are most interesting. Among other items, in a letter of October 23, 1950, he writes:

"I see that you are under much stress. I am canceling your outstanding debt and will continue to treat Leonard without charge."

Referring to Mrs. Kenow's letter informing Dr. Gerson that a treating physician had suggested that Leonard be given ACTH (the prednizone used at that time), Dr. Gerson writes:

"ACTH first stimulates the system to take out all the last reserves of vitamins and enzymes, activating them for a short time [and giving a feeling of well-being]. But the liver and other organs are emptied of these nutrients and nothing is

("Recovered Patients" cont. next page)

## "Allopathy vs. Alternative"

(Continued from front cover)

One likely problem is that patients will generally see a specialist who is thoroughly trained in their major problem. In the case of heart disease, they will see a heart specialist who may not look at other symptoms such as chronic fatigue. Another example may be a lung specialist who treats a patient for emphysema while ignoring the patient's leg cramps or arthritis. I believe this "specialist" practice might actually benefit the patient, as general practitioner's might be more inclined to treat every symptom at once with a lengthy list of drugs. This flooding of drugs into the system can cause a toxic overload, and may also produce other interrelated drug reactions. From the medical point of view, however, the cause is more likely the over-specialization of the profession. Each organ system is treated by a different specialist. Doctors no longer view patients as a single, functioning entity with interrelating problems, and instead approaches each organ systems problems as specific and unrelated to symptoms found in the rest of the body.

When we consider this problem as described in the *New England Journal of Medicine* we find ourselves returning once again to the Gerson Therapy as the answer. The Gerson Therapy does not address a specific problem but looks at the underlying malfunctions as a whole. By restoring the organ systems and defenses, the Therapy heals the whole body rather than treating a specific disease, or a single part of the body. As we have seen repeatedly, it is impossible to heal selectively! When the body's natural healing mechanism (as Dr. Gerson called it) is reactivated, the body clears all the symptoms of malfunction. Almost every patient story that we publish illustrates and confirms this important point. ♦

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## "Recovered Patients"

(Continued from previous page)

helping to restore [and rebuild] them. I used this [ACTH] in a few cases and very quickly saw the disastrous results. Why should you use something [a drug] of this kind when Leonard is cured of not only scleroderma but also is much improved of the progressive muscular dystrophy? Since you have not only seen in the case of your boy but also in many other patients that the University Clinic and the Mayo Clinic were unable to do anything but send these patients home without hope - I am glad that the professor's suggestions did not sway your good common sense. If you were to discontinue the Therapy, it would be a great setback for the boy - not immediately, but in a few months you would see the difference." ♦

New Book by  
Japanese Professor  
Who Healed His  
Own Cancer  
- and Then  
Healed 12 Patients  
Using the Gerson  
Therapy



In *Gerson Healing Newsletter* (Vol. 13 No. 2, March/April 1998), we published a letter by Dr. Yoshihiko Hoshino, Professor at the northern Japanese Fukushima Medical College, who told of his recovery on the Gerson Therapy from colon cancer with liver metastases, diagnosed in 1992. He also announced his forthcoming book describing his recovery. The book has just arrived and we were most delighted that it not only includes the story of his own recovery but it also includes the stories of 12 additional cancer patients who were also cured with the Gerson Therapy. Unfortunately, we have no further details at this time as his book is only available in the Japanese language.

Professor Hoshino is considering the possibility of having it translated into English, but if an English version of his book is produced, it will be some time before it is available. We will of course notify our readers if this happens. In the meantime, there will be a few copies of the book available from the Gerson Institute in early September. These copies will only be useful to those readers who can read Japanese.

# Vaccinations (part two - conclusion)

## Facts every parent should know

By Susan DeSimone

I recently gave birth to a healthy, happy baby girl. A few weeks after returning home from the hospital I started receiving "The Welcome Addition Club" Newsletter from the makers of Similac Infant Formula. (Needless to say, my baby will never taste a drop of formula in her lifetime!). It pains me to read the "Ask Your Doctor" column, especially when it gives advice such as: "Always follow the vaccination schedule recommended by your baby's doctor... Reactions to vaccinations, such as a mild fussiness or fever, may occur but are rarely serious."

Well, I've done my homework, and beg to differ with the American Academy of Pediatrics. The Food and Drug Administration's Adverse Events Reporting System collected nearly 32,000 reports of adverse reactions following vaccination, with more than 700 deaths in a 39 month period ending in November 1993. The DPT vaccine was associated with more than 12,000 of these reports, including 471 deaths, (source: *The American Chiropractor*, Nov/Dec 1994). Bear in mind, as mentioned in part one of this article, since the FDA reporting system is voluntary, only 10% of actual reactions are ever reported - and the FDA concurs with this figure.

Numbers however, are cold and remote - they don't convey the feelings of emotional devastation experienced by parents and family members following one of these "rare" incidents. The following excerpt from an article of *Money* magazine (Dec. 1996) gives statistics a human face:

"When Miriam Silvermintz of Fairlawn, N.J. took her seven month old son Nathan to the pediatrician for his third series of vaccinations on Feb. 18, 1991, she was thrilled to hear the doctor say her baby was growing beautifully. Just five hours later, as Nathan lay in his crib, he shrieked in pain. Terrified, Miriam ran in and cradled her baby in her arms. Nathan collapsed, his eyes rolling back in his head, as he suffered a severe seizure.

'We called 911, and they worked on him for 45 minutes, says Miriam, 'but I knew when I held him in my arms that he was dying.'

What killed Nathan? 'When I first called the pediatrician after the ambulance arrived, he said Nathan was probably having a reaction to his DPT shot,' Miriam recalls. 'But when Nathan died, the doctor did an about-face and said it had nothing to do with the vaccine! Nathan's death was officially attributed to a congenital heart defect. But Miriam, now 36, and her husband Steven, couldn't shake the feeling that Nathan's death was somehow linked to the shot.'

Barbara Loe Fisher, Co-Founder and President of the National Vaccine Information Center told of similar cases at a forum in 1996:

"In 1988, Tina and her husband watched their healthy three month old son, Evan, get his first DPT shot and within hours, react with a swollen leg, bouts of high pitched screaming, and a fever. In the following days he was unusually lethargic, then lost head control and, finally, suffered a seizure, collapsed and died. The coroner listed Evan's death as heart failure but told his parents that Evan was a victim of sudden infant death syndrome.

In 1994, Tina gave birth to a healthy baby girl. When nine month old Miranda got her second DPT and HIB vaccinations, within 48 hours she woke her parents up with a scream that ended in a loud shriek. Tina ran to her daughter's crib and found her in the middle of a seizure that was followed by a collapse. Tina gave her baby CPR to try to revive her but Miranda died at the hospital an hour later. This time the pathologists concluded and the coroner agreed, the cause of death was a fatal reaction to DPT and HIB vaccines."

Aside from obvious reactions such as these, there are also very subtle changes which occur after a child has been vaccinated. These changes were observed by

Viera Scheibner, a retired Principal Research Scientist living in Australia, and her late husband Leif Karlsson, a biomedical engineer who specialized in patient monitoring systems [for more on Dr. Scheibner see *Healing Newsletter*, Vol. 12 No. 4]. Together they designed Cotwatch, a breathing monitor for babies who were thought to be at risk for "cot death" (Sudden Infant Death Syndrome). "Initially we did not know about the controversy surrounding vaccination," explained Scheibner in the Aug/Sep. 1991 edition of *Natural Health*. "We merely observed that vaccination was the single greatest cause of stress in small babies, as indicated by the standard Cotwatch equipment, and also the single greatest factor preceding cot death in a large number of cases. We concluded that the timing of 80% of cot deaths occurring between the second and sixth months is due to the cumulative effect of infections, the timing of immunizations and some inherent specifics in the baby's early development."

Scheibner conducted one study which focused on the breathing patterns of children who received the highly reactive DPT vaccine. She commented that researchers who concluded there was no correlation between SIDS and DPT "had little idea what they were looking at or what to look for. Most researchers arbitrarily accept that only deaths within 24 hours of administration of the vaccines can be attributed to the effect of the vaccine. Yet, babies may and do die for up to 25 or more days after vaccination, still as a direct consequence of the toxic effects of the vaccines. How do we know this? Because of the observed repetition of the pattern of flare-ups of Stress-Induced Breathing in a number of babies over a long period of time."

Scheibner's book, *Vaccination: 100 Years of Orthodox Research Shows Vaccines Represent a Medical Assault On the Immune System*, summarizes 50,000 pages of medical papers. In addition to the causal link of the DPT to SIDS, Scheibner concludes that there is no evidence that vaccines are effective and that they are in fact highly noxious. Based in her findings, Scheibner was able to assert that "if vaccination's were to be suspended, the cot death rate [SIDS] would at least be halved."

It is clear that the DPT is the most dan-

gerous of all childhood vaccinations. The culprit is the pertussis microbe (the 'P' element), known as *Bordetella pertussis*. In a study published in the Feb. 1979 issue of *Pediatrics*, where parents were asked to observe their children for reactions after the pertussis vaccine, only seven percent were unable to observe a reaction. There have been numerous studies conducted on the DPT indicating that there is "a high potential for damage to the neurological system, and that many cases of attention deficit hyperactivity disorder and learning disabilities may be attributed to the pertussis vaccine itself," stated Neil Miller, author of numerous books and articles on the topic of vaccination, in a 8/24/93 radio interview. A recent survey published in the *Journal of the American Medical Association* brought to light the fact that children receiving the pertussis vaccine were six times more likely to develop asthma than those not receiving the vaccine.

The American Academy of Pediatrics might do well to study the history of the pertussis vaccine in the two countries with the lowest infant mortality rates in the world: Japan and Sweden. During the 70s, despite a mass vaccination program, an outbreak of pertussis occurred in Sweden. This prompted medical officials to ban the DPT vaccine in 1979 after surveys revealed that 84% of children who had contracted whooping cough had been fully immunized against this disease. Although the rate of whooping cough has increased since 1979, deaths have remained rare. Sweden now has the second lowest infant mortality rate.

In 1975, Japan raised the age of the DPT vaccination to age 2, and since then there has been a steady decline in sudden infant death syndrome and spinal meningitis. Japan has the lowest infant mortality rate in the world, while the international ranking for the U.S., according to a 1993 Center for Disease Control report is an appalling 25.

While it is certainly not as reactive as the DPT, the OPV or Oral Polio Vaccine is also steeped in controversy. The OPV contains the live polio virus, while another form of the polio vaccination, the IPV or Inactivated Polio Vaccine contains a killed form of the virus. Jonas Salk, inventor of the IPV, testified before a Senate sub-committee that since 1961, all cases of polio in the U.S. were caused by

the Oral Polio Vaccine.

What many parents may not realize is that the live virus can be transmitted through the child's stool for up to eight weeks. Caretakers of children who have recently received the OPV are advised to thoroughly wash their hands immediately after changing the child's diaper. (The IPV may have some adverse effects, but it does not cause polio in recipients).

The fact that polio can be transmitted via a child's feces should be cause for alarm for those living in developing nations where living conditions are unsanitary and sewage systems are minimal or non-existent. The OPV is used in these countries because each dose is about \$3 less than the IPV, but the potential for a polio epidemic in nations such as India and Bangladesh is very real. Public Health officials in these countries seem to have blinded themselves to the enormous risk involved following the administration of this live vaccine.

The OPV has also caused Guillain-Barre syndrome, which is a nerve condition characterized by numbness and weakness of the limbs, but what is most frightening about both the OPV and the IPV, is the fact that, since they are cultured in monkey tissue, they may also contain live monkey (simian) viruses. An article in the March 1992 issue of the *Lancet* provided evidence that "the human immunodeficiency virus (HIV) may have been created after simian immunodeficiency virus (SIV) entered the human population when green monkey kidney tissues infected with SIV were used to produce polio vaccines. [This article] pointed out that scientists at the Food and Drug Administration and [those within the industry] suspected as early as the 1950's and knew by the 1970's that polio vaccines had been contaminated with simian viruses and that at least one of these monkey viruses - SV40 - was later found to cause leukemia and cancerous tumors in lab animals," stated Barbara Loe Fisher at a workshop on Simian Virus - 40 in January, 1997. She continued: "California microbiologist Howard B. Urnovitz, Ph.D. ... provided compelling evidence at the Eighth Annual Houston Conference on AIDS in America that the human immunodeficiency virus Type 1 (HIV-1) is a monkey hybrid that was created after more than 320,000 Africans were injected in the

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## "Vaccinations"

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late 1950's with experimental live oral polio vaccines contaminated with live simian immunodeficiency virus (SIV). Pointing out that endogenous retroviruses can easily recombine with fragments of other viruses, both human and animal, and form new hybrid viruses called chimeras, Dr. Arnovitz explained how SIV could have recombined with the normal genes of the Africans who received the contaminated vaccines, and created a monkey-human hybrid known as HIV-1."

The Measles, Mumps and Rubella or MMR is also cultured in animal tissue, namely chick embryos. With the understanding that a virus can incorporate genetic material from the animal tissues in which they are incubated, the child who receives the MMR may also be receiving other animal viruses. These viruses, in theory, may make the child susceptible later on to immune disorders, including autoimmune diseases.

Harris L. Coulter, Ph.D., medical history scholar and president of the Center for Empirical Medicine in Washington, D.C. reported in April of 1997 to the U.S. House of Representatives Committee on Appropriations that the MMR as well as the DPT may be the root causes of diabetes in the U.S. "Both untreated rubella and the rubella vaccine (part of the MMR inoculation) produce immune complexes that can damage the pancreas and significantly reduce the levels of insulin that organ is able to secrete... As a vaccine, there are now many case reports directly linking the onset of diabetes - sometimes within only a month's time - with receipt of the mumps vaccination," said Coulter.

I myself have seen this happen. Last January, a good friend of mine took her 17 month old son to the doctor for his first MMR injection. One month later, after coming down with a virus that he had difficulty recovering from, he was diagnosed with type 1 diabetes. Type 1 diabetes is supposedly a hereditary disease, but neither parents are diabetic, and it is virtually non-existent on either side of the family.

There are other long-term consequences of the MMR that also need to be considered. "Widespread measles vaccinations seem to be shifting the incidence of the disease into older age groups: 80

percent of cases now occurring in people aged 10 to 19 and with atypical, often untreatable symptoms," writes Richard Leviton in the Jul/Aug. edition of *Health Freedom News*. Although mass vaccination of the MMR has caused a dramatic decline in the incidence of measles, outbreaks still occur in older populations and in infants born to women whose immunity from vaccination has waned. The July 1995 issue of *Archives of Pediatrics and Adolescent Medicine* describes the failure of the MMR vaccine in a highly vaccinated high school population in New Mexico. Of all those who contracted measles, 97% had received the measles vaccine.

The issue of whether or not to vaccinate is contentious to say the least. Those in favor of mass vaccination programs contend that it is an issue of public health - it is the only means of preventing widespread epidemics. But activists like Barbara Loe Fisher believe that the price paid to protect the public at large is too great. As she puts it: "the epidemiologists look at mass vaccination the way a military general studies a battle. A general knows he must sacrifice men to take a hill. This is how government health officials see mass vaccination. They start getting the idea that some children are expendable. I cannot think of any other instance in our society where we say it's ok to kill children, to have them brain

damaged, because it's for the greater welfare of society."

It is no secret among those in the holistic health field that the germ theory paradigm needs to be reconsidered. Many of us realize that health is not merely the absence of disease. Rudolph Virchow, German pathologist and founder of cellular medicine has stated, "If I could live my life over again, I would devote it to proving that germs seek their natural habitat - 'diseased' tissue - rather than being the cause of 'diseased' tissue."

Dr. Gerson taught us that disease is merely a symptom of a weakened immune system. He knew that the best way to attain healthy immunity was through eating a healthy diet of organically grown foods - foods that are unrefined and free of preservatives. In addition to a proper diet, one cannot discount the value of adequate rest and sanitary living conditions, not to mention lots of love! "When we build our children's immunity this way," notes Dr. Harold Buttram in the Winter 1985 issue of *Mothering* magazine, "many diseases will pass as subclinical infections without acute illness, or if there is illness, it will be relatively mild."

It is important for parents to realize that they do have a choice - it is up to us to decide which vaccinations our children will receive - if any. A motto to remember: *Educate before you vaccinate.* ♦

### Before Your Child Receives a Vaccine, Ask Yourself the Following:

1. If s/he were exposed, how serious is the disease?
2. How likely is it that your child will be exposed to the disease?
3. How effective is the vaccine in preventing the disease in an individual?
4. What are the side-effects of the vaccine itself?
5. What adverse reactions have been reported for the particular lot number (lot No.) of the vaccine that your child will receive?

For additional information on vaccines please do one of the following:

1. Visit our web-site at: [www.gerson.org/healing/vaccines.htm](http://www.gerson.org/healing/vaccines.htm)
2. Use our fax back service by calling (619) 585-7611 and selecting document #9
3. Send a S.A.S.E. to: The Gerson Institute c/o; Healing Newsletter  
PO. Box 430, Bonita, CA 91908-0430

"We would like to thank Anne Ferreira and Lisa Reiss for providing us with valuable information on vaccines."



# Common Mistakes:

## Charlotte Gerson addresses some common misconceptions about the Gerson Therapy

By Charlotte Gerson

A friend, who is one of our recovered patients, recently visited New Zealand. At that time, he came across a publication, *Self Help Cancer Cure Book* by several authors: Walter Last, Chris Wheeler, Max Yelsaeb "and a panel of Soil and Health writers." Naturally our friend was interested and picked up the book. He found it contained a rather detailed description of the Gerson Therapy, offering several positive comments. However, the author, Walter Last, also wrote some criticisms that are not altogether accurate, while at the same time, not so unusual. Since our members may find similar discussions in other publications, I should like to answer them here.

Walter Last correctly states that the Gerson Therapy is not as rapidly effective in our times as it was when Dr. Gerson practiced in the U.S., during the 40's and 50's. The earth, air and water pollution is vastly increased; people are much more toxic than they were while Dr. Gerson practiced. Also, antibiotics and many other drugs are seriously abused, causing additional poisoning of the liver and essential organs - the basic cause of cancer and other degenerative diseases. Mr. Last feels that Dr. Gerson's personal charisma inspired and encouraged his patients, helping the effectiveness of the treatment. Certainly that was true; however with present publications of the basic *A Cancer Therapy* book, the *Gerson Therapy Primer*, and the Gerson Therapy videotapes published by the Gerson Institute, many patients have been able to recover on the Gerson Therapy on their own at home. Thousands of terminally ill cancer patients have also been successfully treated and healed during the 21 years since the Gerson hospital was founded in Mexico.

Mr. Last objects to the very limited use of cow's milk products in the Gerson Therapy which uses only defatted and pre-digested, soured products, such as yogurt. He surely considers the many

drugs and hormones used in milk production that cause allergies and other problems. Naturally, in patients who are unable to digest milk products (lactose intolerant) these items are removed from their diet and other protein substances are used. Mr. Last also takes exception to the use of wheat - Dr. Gerson avoided wheat products. If bread was used, (see below) he insisted on using rye with only a small percentage of organic whole wheat added. Naturally, this too was omitted in case of wheat allergies. The present Gerson Therapy directs patients to 100% salt-free rye if they use bread at all. Bread products are allowed in limited amounts for patients on the Gerson Therapy and freshly prepared foods are always preferred. If patients have consumed the required meals, including a substantial portion of oatmeal for breakfast, they are allowed a little additional salt-free rye bread. Bread is specifically not to be the basis of any meal.

Objections to sugar: Dr. Gerson allowed several natural sweeteners including organic honey, dried cane juice ("Sucanat") pure maple syrup and unsulphured molasses. He found that, in general, cancer patients have severely toxic livers. The livers of cancer patients are not only weakened and damaged, like those he found in other patients with chronic disease, but quite literally "poisoned." Due to this damage, the patients are often not able to store enough sugar in their livers (in the form of glycogen) to allow them to sleep through the night. When blood sugar drops below a certain level, a person wakes up. In order to help these damaged livers store a little more glycogen, Dr. Gerson allowed patients two level teaspoonfuls per day of the above natural sweeteners. Obvious exceptions are: patients suffering from diabetes, hypoglycemia and/or candidiasis. Mr. Last also quotes the Gerson book as suggesting "brown sugar or honey" to sweeten the morning oatmeal. This is not

quite correct. Oatmeal is naturally sweetened with the fruit that is served as a sauce. The fruit can also be in the form of fresh, raw grapes, bananas, peaches, etc. and/or apple sauce, or stewed fresh fruit. Dried fruit is quite acceptable during seasons when fresh is not available. With the added fruit, little sweetener is required to make the dish tasty.

Mr. Last also objects to the dried fruit. True, if used as is, such as snacking on figs, dates, or raisins, these cause a rapid increase in blood sugar and are not suggested. However, when dried fruit are given, Dr. Gerson directed for these to be soaked and cooked to reconstitute the water and dilute the sugar concentration.

Baked potatoes and other nightshade vegetables (tomatoes, green peppers, egg plant): Mr. Last voices possible objections specifically to baked potatoes, as expressed by the famous psychic, Edgar Cayce, as well as biologist/educator Rudolf Steiner. Potatoes are a very important part of the Gerson Therapy. They provide a good level of proteins as well as potassium and other minerals, that are much more easily digested than grains such as rice. Since Dr. Gerson regularly observed a dramatic decrease of tumors and long-term healing with his diet, including the rather heavy use of potatoes, it is difficult to argue that these may be harmful. Tomatoes are also suggested for use in the specific "Hippocrates Soup" while a little green pepper is added not only to salads but in the green juice. Again, judging from the excellent results we are still obtaining in a very large number of patients, it would be difficult to argue that the 'nightshade' vegetables may be harmful.

Dr. Gerson did not permit cucumbers. Mr. Last assumes that the reason for this prohibition was that Dr. Gerson felt cucumbers are too high in sodium - while on the other hand, he did permit some celery. Mr. Last is wrong. Nowhere in Dr. ("Common Mistakes" cont. next page)



## "Common Mistakes"

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Gerson's book does he state that the reason for omitting cucumbers is their sodium content - it is not. The reason is that cucumbers are very poorly tolerated in conjunction with the hourly juices. They cause extreme gastro-intestinal distress, including nausea, gas and pain. This distress, surprisingly, is not caused by other vegetables of the same family, such as zucchini and squash. Dr. Gerson did restrict celery for its high sodium content and did not allow it to be used in the green juices. He did not, as Mr. Last assumes, mix up cucumbers and celery from the point of view of their sodium content.

Mr. Last also takes some exception to the use of stainless steel cookware in the Gerson Therapy. I am aware of the nickel content of this product but find it difficult to substitute other materials. The coated metals are more dangerous when the coatings are disturbed or scratched; glass pots are not available for cooking coffee and soup, for instance. Again, judging from the results obtained in patients, the stainless steel cookware may not be as serious a problem as some of the literature suggests. If and when other practicable products become available, we should surely want to use them.

**Sprouted seeds:** Mr. Last applauds Dr. Gerson's recommendation of sprouted seeds. There is no mention anywhere in *A Cancer Therapy* of sprouts! It has also been proven by research and in our own seriously negative experience, that sprouted alfalfa contains precursor amino acids that have caused lupus in healthy monkeys. Unfortunately, we do not have the funds nor research facilities to test other sprouts for the possibly toxic precursor amino acid (l-canavanine, see *Gerson Healing Newsletter* No. 11, Jan/Feb '86) Therefore, in order to avoid

any possible damage from immature proteins, we have prohibited all sprouts. Mr. Last mistakenly assumes that we now forbid sprouts because of their likely content of estrogens - but, as noted above, that is not the reason.

Finally, Mr. Last feels the Gerson Therapy is restrictive because many new remedies and additions have become available since Dr. Gerson's death. One of the more important activities of the Gerson Institute is to research new approaches as they are developed and cautiously incorporate effective additions to the Therapy. We have developed a careful testing protocol for the incorporation of new supportive approaches and made it available to practicing Gerson physicians. Using these protocols, we have added: Coenzyme Q-10, ultraviolet blood irradiation, castor oil packs (as described by Edgar Cayce) and clay packs, Laetrile and hyperthermia, acupuncture and more, along with psychological support for the patients.

We thank Mr. Last for his many positive comments but would really appreciate if he informed himself more thoroughly in recent developments of the Gerson Therapy. ♦

## Newsletter News:

Upcoming features to include reader involvement and business support.

FOR IMMEDIATE RELEASE

The *Gerson Healing Newsletter* will be incorporating some new features beginning with our next (Nov/Dec) issue. Here's how you can be involved:

### A Regular Gerson Recipe Section:

We are planning to include a regular "Gerson Recipe" section in our newsletter and would love to hear from anyone with interesting ideas about Gerson food preparation - particularly Gerson-styled (or just healthier) holiday favorites. Christmas, Hanukkah and Winter recipes are invited for the Nov/Dec issue. We will publish selected recipes in our next issue.

### Gerson Classifieds & Announcements:

We are also working on a Classified and Announcements section that will allow readers and supporters to share information with one another. This will be an ideal forum for selling your old Norwalk, announcing your local support group or sharing other 'bits and pieces' of pertinent news. Announcements will be listed free of charge as will classified ads in this debut issue. However, there will be a small fee for placing your classified ads beginning in 1999. (Space is limited)

### Gerson Healing Newsletter Forum:

If you have any anecdotes or revelations inspired by your experience on the Gerson Therapy, or even observations about the world we live in (in terms of nutrition, the environment, healthcare etc) then drop us a line (no more than 500 words) so that we can pass it along to the rest of our Members. The *Gerson Healing Newsletter* has always been our way of sharing vital information with you. Now, it is a way for you to talk with one another about issues important to us all. We will publish selected articles here in our newsletter.

Please send your typed or neatly handwritten recipes, classified ads and short stories to the attention of *Gerson Healing Newsletter*. Space is limited and submissions will be published at our discretion. Please include your name and daytime telephone number with your submission.

## Special Gerson Lecture/Workshop/Fundraiser:

Tampa, Florida Nov. 7 - 8

Here is the schedule of the event:

Nov. 7 - Free lecture in the morning, workshop in the afternoon

Nov. 8 - (Fundraiser) Lunch with Charlotte Gerson

We are looking for volunteers to help in the following areas: a) Securing a Lecture/Workshop venue that can accommodate 150-200 people, b) Publicity, c) Securing accommodations for 3 Gerson staff persons, d) Transportation during the weekend, e) Securing a suitable location for the fundraiser luncheon and f) Help preparing the luncheon. If you can help please contact us.