Max Gerson

Max Gerson (Octubre 18, 1881 – Marzo 8, 1959) fue un médico alemán que desarrolló la Terapia Gerson, una terapia dietética alternativa, que según él podría curar el cáncer y la mayoría de las enfermedades crónicas degenerativas. Gerson describió su enfoque en el libro *A Cancer Therapy: Results of 50 Cases*. Sin embargo, cuando éstos fueron examinados por el National Cancer Institute (NCI), se encontraron con que sus expedientes carecían de la información básica necesaria para evaluar sistemáticamente sus demandas. El National Cancer Institute concluyó que sus datos no mostraron ningún beneficio de su tratamiento.1 La terapia, actualmente, no tiene el apoyo científico. Mientras que para algunos es la solución a muchas enfermedades crónicas degenerativas, para otros, incluidos especialistas en la materia, la Terapia Gerson debe llevarse con cautela debido a la falta de bases que prueben su eficacia. Aunque debido a la naturaleza del tratamiento, no se puede aplicar la metodología científica que se usa para probar los efectos de un medicamento y sus riesgos, ya que se trata de un estilo de vida más que de una terapia referida. Recientemente campos como la Nutrigenómica hacen volver la vista a los estudios de Gerson.2 3

En Europa

Gerson nació en Wongrowitz alemania, (Wągrowiec, ahora en Polonia) el 18 de octubre de 1881. En 1909, se graduó de la Universidad de Friburgo. Comenzó a practicar la medicina a los 28 años en Breslau, más tarde se especializó en la medicina interna y en enfermedades nerviosas, en Bielefeld.4 Por 1927, fue que se especializó en el tratamiento de la tuberculosis y el desarrollo de la dieta de Gerson-Sauerbrach-Hermannsdorfer, afirmando que era un gran avance en el tratamiento de dicha enfermedad. En un principio, utilizó su terapia como tratamiento sólo para la migraña y la tuberculosis y en 1928 comenzó a utilizarlo como un tratamiento para el cáncer.5 Abandonó Alemania en 1933 y emigró primero a Viena, donde trabajó en el Sanatorio del West End. Gerson pasó 2 años en Viena. En 1935 se marchó a Francia a una asociación con una clínica cerca de París, antes de trasladarse a Londres en 1936. Poco después, se trasladó a los Estados Unidos, donde se radicó en Nueva York.

En Estados Unidos

Gerson emigró a los Estados Unidos en 1936, pasó el examen de la junta médica y se convirtió en ciudadano de los EE.UU. en 1942.

En 1946, el senador Claude Pepper (D-FL), llamó a Gerson para testificar acerca de su tratamiento contra el cáncer ante el United States Senate Commerce Subcommittee on Science and Space porque se esperaba que Gerson jugara un papel importante en un centro de investigación que costaría 100 millones de dólares. Gerson se presentó al Congreso de los EE.UU., y mencionó que eran cinco los pacientes terminales de cáncer que se habían recuperado, esto no llamó mucho la atención de los medios de la época y la ley de asignaciones (SB 8947) murió ahí, en el Senado. En los EE.UU., Gerson aplicó su terapia dietética para pacientes con varios tipos de cáncer, alegando buenos resultados, pero otros trabajadores encontraron que su metodología no era convincente. Los defensores de la Terapia Gerson afirman que hubo una conspiración de largo alcance encabezada por el establecimiento médico, y gracias a esto se impidió que Gerson entregara pruebas contundentes sobre su terapia, ya que su terapia era principalmente basada en vegetales y en alimentos de bajos costos (esto habría costado millones de dólares de pérdidas a la industria).6 En 1958, Gerson publicó un libro en el que aseguraba haber curado 50 pacientes terminales con cáncer: *A Cancer Therapy: Results of 50 Cases*. La licencia de Gerson fue suspendida en 1958 en la ciudad de Nueva York.7 Gerson murió el 08 de marzo de 1959, supuestamente de neumonía, pero en realidad murió envenenado con arsénico.8

Terapia Gerson

Inicialmente, Gerson usó su terapia como tratamiento para los dolores de cabeza por migraña y tuberculosis. En 1928 comenzó a usarlo como tratamiento para el cáncer, su aplicación más conocida.
La terapia Gerson está basada en la creencia de que la enfermedad es causada por la acumulación de toxinas no especificadas, e intentos de tratar la enfermedad teniendo pacientes consumiendo una dieta vegana incluyendo vasos de jugo orgánico cada hora y diversos suplementos alimenticios. Además, los pacientes recibían enemas de café, aceite de ricino y algunas veces peróxido de hidrógeno u ozono.9 El protocolo original también incluía extracto diario de hígado de ternera cruda, pero esta práctica fue descontinuada después que varios pacientes murieron debido a un brote de infección por Campylobacter.10 La hija de Gerson, Charlotte Gerson, continuó promoviendo la terapia, fundando el "Instituto Gerson" en 1977.

Evidencia

La terapia Gerson no ha sido probada de forma independiente o sometida a ensayos controlados aleatorios, y por lo tanto es ilegal en el mercado en los Estados Unidos. El Instituto Gerson promueve la terapia, citando testimonios de pacientes y la evidencia anecdótica de otros.11 Gerson publicó un libro que discutía el éxito de la terapia en 50 pacientes, pero una revisión del NCI en Estados Unidos fue incapaz de encontrar alguna evidencia que mostrara que éste se debía a la terapia. En un tema tan controvertido como el cáncer parece carecer de cualquier minima evidencia.12 Los intentos de verificar de forma independiente los resultados de la terapia han sido negativos. Un grupo de 13 pacientes enfermos por y sometidos a la Terapia Gerson fueron evaluados en los hospitales de San Diego a principios de 1980; en todos se encontró que aún tenían activo el cáncer. Una investigación realizada por Quackwatch encontró que las afirmaciones del Instituto de curación no eran basadas en la documentación actual de supervivencia, sino en "Los doctores estiman que las posibilidades de sobrevivir de los pacientes que parten son bastante razonables, aunado a la opinión de los trabajadores del instituto sobre las personas que ingresan", además de los presentimientos que el personal del Instituto tiene sobre el estado de las personas que.13 En 1994, un estudio fue publicado en la literatura médica alternativa, en el que se describían a 18 pacientes tratados por cáncer con la Terapia Gerson. Su supervivencia media del tratamiento fue de 9 meses. Cinco años después de recibir el tratamiento Gerson, 17 de los 18 pacientes habían muerto de su cáncer, mientras que el paciente tenía una supervivencia activa de linfoma no Hodgkin.14 American Cancer Society informó que "[1] No hay evidencia científica confiable de que la terapia Gerson es eficaz en el tratamiento del cáncer y los principios que sostienen no son ampliamente aceptados por la comunidad médica. No está aprobado para su uso en los Estados Unidos. "[2] En 1947, el NCI, revisó 10 curas afirmadas por Gerson, sin embargo, todos los pacientes estaban recibiendo tratamiento contra el cáncer estándar al mismo tiempo, lo que hace imposible determinar el efecto que, en su caso, se debió a la terapia de Gerson15 Una revisión de la Terapia Gerson de Cáncer Memorial Sloan-Kettering Centro concluyó: "Si los proponentes de este tipo de terapias que deseen ser evaluadas científicamente y considerados válidos los tratamientos adyuvantes, deben proporcionar registros extensos (más de las tasas de supervivencia simple) y de la conducta controlada". En 1947 y 1959, el Instituto Nacional del Cáncer (NCI) revisó los casos de un total de 60 pacientes tratados por el Dr. Gerson. El Instituto Nacional del Cáncer encontró que la información que se recibió no demostraba que los progresos se debieran al régimen de Gerson.

Véase también

- Vegetarianismo
- Veganismo

- Crudívoro
- Crudiveganismo
- Naturismo (desambiguación)
- Macrobiótica

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Categoría: Médicos de Alemania del siglo XX

Gerson M.

The cure of advanced cancer by diet therapy: a summary of 30 years of clinical experimentation.

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The cure of advanced cancer by diet therapy: a summary of 30 years of clinical experimentation

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(1978 Publisher's Note. This is a lecture given by Dr. Gerson in Escondido, California, in 1956. Dr. Gerson died in 1959. More complete information on his therapy for advanced cancer may be found in his book A Cancer Therapy: Results of 50 Cases, by Max Gerson, 3rd edition, 1977, Totality Books, Del Mar, CA or from his daughter Mrs. Charlotte Gerson Straus at the Gerson Institute, Box 535, Imperial Beach, CA 92032. Socioeconomic and political perspectives are discussed in the book Has Dr. Max Gerson a True Cancer Cure? by S. J. Haught, 1976, Major Books, 21335, Roscoe Blvd., Canoga Park, CA 91304.)

Abstract:

Thirty years of clinical experimentation has led to a successful therapy for advanced cancer. This therapy is based on the concepts (1) that cancer patients have low immuno-reactivity and generalized tissue damage, especially of the liver, and (2) that when the cancer is destroyed, toxic degradation products appear in the bloodstream which lead to coma and death from liver failure. The therapy consists of high potassium, low sodium diet, with no fats or oils, and minimal animal proteins. Juices of raw fruits and vegetables and of raw liver provide active oxidizing enzymes which facilitate rehabilitation of the liver. Iodine and niacin supplementation is used. Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall. The therapy must be used as an integrated whole. Parts of the therapy used in isolation will not be successful. This therapy has cured many cases of advanced cancer.

Ladies and Gentlemen:
I came here on vacation; I didn't come here for a lecture. I didn't bring anything. So, I wrote down some things since I was asked to tell you first how I arrived at the cancer treatment. It is a funny story.

When I was a physician for internal diseases in Bielefeld [Germany) in 1928, one day I was called to see a lady. I asked her what was wrong with her but on the telephone she didn't want to tell me. So I went there, a little outside of town. Then I asked her “What's wrong?” She told me she was operated on in a big clinic nearby and they found a cancer of the bile duct. I saw the operation scar. She was running a high fever, was jaundiced. I told her, “Sorry, I can do nothing for you. I don't know how to treat cancer. I have not seen results, especially in such an advanced case where there is no longer the possibility of operation.” So, she said, “No, doctor, I called because I saw the results in your treatment of tuberculosis and arthritis in various cases. Now, here is a pad and you write down a treatment. On that table over there, there is a book, and in that book, you will be good enough to read to me aloud the chapter called The Healing of Cancer.”

It was a big book of about 1,200 pages on folk medicine and in the middle there was that chapter. I started to read. That book was edited by three schoolteachers and one physician. None of them practiced medicine. So they put together that book. I read that chapter. In it there was something about Hippocrates who gave these patients a special soup. I should like to tell you, we use that soup at the present time! That soup from that book, out of the practice of Hippocrates - 550 years before Christ! He was the greatest physician at that time, and I even think the greatest physician of all time. He had the idea that the patient has to be detoxified with the soup and with some enemas and so on.

I read and read but finally I told the lady, "Look, because of my tuberculosis treatment physicians are opposed to me. Therefore I'd like not to treat you." Again she insisted, "I'll give you in writing that you are not responsible for the outcome of the treatment and that I insisted that you do so." So with that signed statement, I thought, all right, let's try. I wrote down the treatment. It was almost the same which I used for tuberculosis patients (1-7) which I had worked out and used at the University Clinic in Munich with Prof. Sauerbruch. After the work at the University Clinic the treatment had been established and had been found effective. (8, 9). I thought that maybe it will be effective in cancer too. It is always written in scientific books that tuberculosis and cancer are both degenerative diseases where the body has to be detoxified. But this latter thought was written only by Hippocrates.

I tried - and the patient was cured! Six months later she was up and around in the best condition. Then she sent me two other cancer cases. One of her family with a stomach cancer where it had been found during an attempted operation that there were metastasized glands around the stomach-also cured! And I had to cure then, against my will, a third case. I expected to have still more opposition from the medical profession. The third case was also a stomach cancer. It was also cured. Three cases were tried and all three cases were cured!

I have to tell you that up to this day, I don't know how this happened, how I stumbled into that, how this was achieved. At that time I always said that I didn't know why they were cured. I didn't know enough about cancer and it was such a difficult problem to go into. But once it was in my head and in my hands and in my heart, I could no longer separate myself from that problem.

Some time later I was in Vienna. I had left Germany due to the political upheaval at the time of Hitler. There in Vienna I tried six cases, and in all six cases, no results—all failures. That was shocking. The sanatorium where I treated my patients was not so well organized for dietary treatments. They treated other diseases by other methods and didn't pay much attention to diet. So, I attributed the failures to that.

Then I came to Paris. In Paris, I tried seven cases and I had three results. One of the cases was an older man. He had a cancer of the cecum where the colon starts, 70 years old. Another case was a lady from Armenia. This was a very interesting case. I had to work against the whole family. There were many physicians in the family, and I had plenty of trouble. But, anyway, I came through in that case. She had cancer of the breast which regrew. Every time the family insisted that she was "so much down." She weighed only 78 pounds. She was skin and bones and they wanted me to give her egg yolks. I gave her small amounts of egg yolks-the cancer regrew. Then they insisted that I give her meat, raw chopped meat. I gave her this and the cancer regrew. The third time, they wanted me to give her some oil. I gave her that oil and the third time the cancer regrew. But, anyway, three times I could eliminate the cancer again and cure. And still I had no idea what cancer was. If somebody asked me about the theory, just what it was I was doing, I had to answer, "I don't really know myself."

Some time later I came to this country. I couldn't get the cancer problem and the cure of the first three cases out of my mind. I kept thinking "It must be possible, it would a crime not to do it." But it wasn't so easy. When I came here, I had no clinic. I didn't even have a license to

practice medicine. When I had taken the exams and could take patients, I had to treat them at home and that was hard work. The patients didn't like to obey the diet, to do it at home. They were accustomed to save kitchen time and not to work hard to make all the juices necessary for the treatment as it had been worked out.

Now the treatment for tuberculosis was a saltless diet, mostly fruit and vegetables, vegetables cooked without added water, steamed in their own juices, with a heavy pot, no aluminum. The cover had to be heavy and fit well so that the steam could not escape. Then they had to have most of the food raw, finely grated. They had to drink orange juice, grapefruit juice, and apple and carrot juice. This had to be produced in a special machine-a grinder and a separate press—because I found that in centrifugal juicers or liquefiers, I couldn't obtain the kind of juice which cured patients.

At first, I had thought that liquefiers would be the most wonderful thing. All the material was there, nothing was lost. But it didn't work. Then I found out through a physicist that in the liquefier, in the center, there is positive electricity and in the fluid there is negative electricity. This electricity kills the oxidizing enzymes. And that is also true for the centrifugal juicer and the other apparatus. The juice must therefore be made by a grinder and a separate press - if possible, made of stainless steel. (Editor's note: a masticating juicer, such as a Champion, might also work.)

The patients must drink a lot of those juices. They have to have the Hippocrates soup. I can't go into all the details. The evening would not be long enough for that. But very important for the detoxification are enemas. I felt that the detoxification as suggested in the book of Hippocrates was a most important part.

Finally, I had a clinic. The patients saw that also the more advanced cases and even some terminal cases, very far advanced cases, could be saved. They brought me more and more of these terminal cases. I was forced into that. On the one side, the knife of the AMA was at my throat and on my back. I had only terminal cases. If I had not saved them, my clinic would have been a death house. Some of the cases were brought on stretchers. They couldn't walk. They could no longer eat. It was very, very difficult. So, I really had to work out a treatment that could help these far advanced cases.(10,11) Again, I was forced into it.

On the need of where to put the emphasis: reading all the literature, I saw that all the scientists treat the symptoms. These, I thought, are only symptoms. There must be something basic behind them. It has to be impossible that there are symptoms in the brain, others in the lungs, in the bones, it the abdomen and in the liver. There must be something basic, or else this is impossible.

Already, through my work with tuberculosis, I learned that in tuberculosis and in all other degenerative diseases, one must not treat the symptoms. The body-the whole body-has to be treated. But that is easily said. How will you do it? Little by little I came to the conclusion that the most important part of our body is the digestive tract. For all our intake to be properly digested, and for the other organs of the digestive tract to function right and help in the digestion to the end product—and at the same time eliminate all the waste products—all the toxins and poisons which must be eliminated so that nothing will accumulate in our system, I thought that this was the most important thing in the tuberculosis treatment. It must be the same in all the other degenerative diseases, too. And still, up to the present, I am convinced that cancer does not need a "specific" treatment.

Cancer is a so-called degenerative disease, and all the degenerative diseases have to be treated so that the whole body at first is detoxified. In my tuberculosis work again, I saw that the liver plays the important role. It eliminates the toxins from the body, prepares them so they can enter into the bile ducts, and can thus be eliminated with the bile—that is not an easy job. In addition, the liver helps to prepare the stomach juice with the help of the visceral nervous

system. The liver helps to prepare the pancreas, trypsin, pepsin, lipase, the digestive enzymes —all that is regulated with the help of the visceral nervous system. The liver has many, many more very important functions. One of them is the reactivation of the oxidizing enzymes as we know through Rudolf Schoenheimer. He did the work along these lines. It would go too far to go into that at this time. It is very important to note that oxidizing enzymes are at a low level of function in cancer patients.

Now let us anticipate the theory. During these years the idea occurred to me that there are two components in cancer which are of particular importance. One is the whole body, the general component. The other is a local one, the symptom. The treatment has to be applied to the general component. When we are able to bring this into balance, the local one disappears.

What is the general component and what does the treatment have to do to bring it into balance? I should like to devote this evening mostly to that question. The general component is the digestive tract and the liver. The digestive tract is very much poisoned in cancer. How can we handle that? Detoxification is an easy word, but it is very difficult to do in cancer patients. These cases, when they are far advanced, can hardly eat. They have no stomach juice, the liver doesn't function, the pancreas doesn't function, nothing is active.

Where do we begin?. The most important first step is the detoxification. So let us go into that. First, we gave some different enemas. I found out that the best enema is the coffee enema as it was first used by Prof. 0. A. Meyer in Goettingen. This idea occurred to him when together with Prof. Heubner he gave caffeine solution into the rectum of animals. He observed that the bile ducts were opened and more bile could flow. I felt that this was very important and I worked out coffee enemas. We took three heaping tablespoons of ground coffee for one quart of water, let it boil for three minutes, then simmer 10 to 20 minutes, and then gave it at body temperature.

The patients reported that this was doing them good. The pain disappeared even though in order to carry through the detoxification, we had to take away all sedation. I realized that it is impossible to detoxify the body on the one hand and put in drugs and poisons on the other, such as sedation medication — demerol, codeine, morphine, scopolamine, etc. So, we had to put the medication aside which again was a very difficult problem. One patient told me that he had one grain of codeine every two hours and he got morphine injections . . . how can you take these away? I told him that the best sedation is a coffee enema. After a very short time he had to agree with that. Some of the patients who had been in severe pain didn't take coffee enemas every four hours as I prescribed — they took one every two hours. But no more sedation.

After just a few days there was very little pain, almost none. I can give you an example. A lady came to me not so long ago. She had cancer of the cervix and then two large tumor masses around the uterus. The cervix was a large crater, necrotic, producing blood and pus, and the poor lady couldn't sit any more. The condition was inoperable. She had been given X-rays and vomited any food she took in. She couldn't lie down anymore. She could not sit. She walked around day and night. When she came to my clinic the manager told me, “Doctor, you can't keep her here. This moaning and walking day and night is keeping the other patients from sleeping.” After four days she was able to sleep with no sedative whatsoever — which had not helped her much anyway. The sedation had worked for perhaps half an hour or so. After 8 to 10 days, she asked me for just one thing: let her omit that night enema at 3 or 4 o'clock in the morning. These patients who absorb the big tumor masses are awakened with an alarm clock every night because they are otherwise poisoned by the absorption of these masses. If I give them only one or two or three enemas, they die of poisoning.

I did not have the right as a physician to cause the body to absorb all the cancer masses and then not to detoxify enough. With two or three enemas they were not detoxified enough. They

went into a coma hepaticum (liver coma). Autopsies showed that the liver was poisoned. I learned from these disasters that you can't give these patients too much detoxification. So I told this lady that for one night she could sleep for seven hours—but only for one night. I wouldn't risk more! When I didn't give these patients the night enemas, they were drowsy and almost semi-conscious in the morning. The nurses confirmed this and told me that it takes a couple of enemas till they are free of this toxic state again. I cannot stress the detoxification enough. Even so with all these enemas, this was not enough! I had to give them also castor oil by mouth and by enema every other day, at least for the first two weeks or so. After these two weeks you wouldn't recognize these patients any more! They had arrived on a stretcher and now they walked around. They had appetite. They gained weight and the tumors went down.

You will ask, "How can such a cancerous tumor go down?" That was a difficult question for me to understand. I had learned in my treatment of tuberculosis patients that I had to add potassium, iodine, and liver injections to help the liver and the whole body to restore the potassium. Now as far as I can see this is the situation. At first we give the patient the most salt-free diet possible.(12) So, as much salt (sodium) is removed from the body as can be. During the first days, 3 grams, 5 grams, up to 8 grams a day of sodium are eliminated while the patients receive only about one half gram of sodium content in the diet and no sodium is added.

The patients are given thyroid and Lugol solution (Lugol's solution is iodine plus potassium iodide) I learned first through the so-called Gudenath tadpole experiment that iodine is necessary to increase and help the oxidation ability. Then we gave the patients large amount of potassium.(12) It took about 300 experiments until I found the right potassium combination. It is a 10% solution of potassium gluconate, potassium phosphate (monobasic), and potassium acetate. From that solution the patient is given four teaspoonsful 10 times a day in juices. That large amount of potassium is introduced into the body.(12) At the same time 5 times one grain of thyroid and 6 times three drops of Lugol solution, ½ strength. That's 18 drops of Lugol which is a large dose. Nobody was observed to develop heart palpitations from that, even if some patients told me that they could previously not take thyroid because they would develop heart palpitation. And all allergies disappeared! Some patients claimed that they could previously not take one teaspoonful of lemon juice or orange juice — they were allergic. But when they are well detoxified and have plenty of potassium, they are not allergic. Allergies and other hypersensitivities are eliminated.

When introduced into the system, thyroid and Lugol solution go immediately into the cancer mass. These ripe cells take it up fast and they perhaps grow a little faster but they soak in more with great greed — as much as they can — together with a little bit of sodium, probably. But then there isn't much sodium left. So then these cells pick up potassium and the oxidizing enzymes and die by themselves. You have to realize that cancer cells live essentially on fermentation but potassium and oxidizing enzymes introduce oxidation. And that is the point at which we can kill cancer cells because we take away the conditions which they need to continue to live.

But now we have to deal with a mass of dead cells in the body, in the blood stream — and they have to be eliminated wherever they may be. And that is not so easy! The ripe cells, the mature cells are very abnormal. These are much more easily killed than the other cells which are unripe, not yet mature, and not so well developed. And there are other cancer cells in lymph vessels. These are clogged at both ends by cancer cells. No blood and no lymph can reach them. There are cancer cells in the glands. They are hidden there, protected from regular circulation. So it isn't easy to reach these. At first it is only the big mass which killed. But this dead mass now has to be absorbed wherever it is — perhaps in the uterus, perhaps in the kidney, or in the lung, or in the brain — this has to be absorbed. This absorption is only possible through the blood stream. I call this "parenteral digestion." Enteral digestion is in the

intestinal tract. Parenteral digestion takes place outside of the digestive tract, through the blood stream. It becomes important then to continually carry on detoxification day and night in order to bring the parenteral digestion to the highest point, even to a "hyperfunction." How can this be done?

I found that in order to bring the parenteral digestion to the highest function, it is necessary to start with the soil. Our soil must be normal, no artificial fertilizers should be used, no poisons, no sprays which go into the soil and poison it. Whatever grows on a poisoned soil carries poison too. And that is our food, our fruit and vegetables. I am convinced that the soil is our external metab6lism. It is not really far removed from our bodies. We depend on it. But our modern food, the "normal" food people eat is bottled, poisoned, canned, color added, powdered, frozen, dipped in acids, sprayed—no longer normal. We no longer have living, normal food, our food and drink is a mass of dead, poisoned material, and one cannot cure very sick people by adding poisons to their systems. We cannot detoxify our bodies when we add poisons through our food which is one of the reasons why cancer is so much on the increase. Saving time in the kitchen is fine but the consequences are terrible. Thirty or fifty years ago (this speech was delivered in 1956) cancer was a disease of old age. Only elderly people whose liver was no longer working well — was worn out-became sick. They contracted cancer when they were 60 to 70 years old and cancer was a rare disease. Everybody knows that. And now four, even going on one out of three dies of cancer. Now in the second generation it is even worse. The poor children get leukemias more and more. There is no country which has so much leukemia as this country (USA), no country in the world. That is our fault. Ice cream is made with invert sugar. Coca-Cola contains phosphoric acid. Is it surprising that children get degenerative disease? These things constitute our external metabolism.

Now let us consider our digestive tract. As part of the digestive tract, the most important thing is that we restore the function of the liver — the tissue and the function of the liver. That is very hard work. We give the patients (including also the tuberculosis patients) liver injections, and since most of these patients need an increase in the red blood cells, we add some vitamin B12. They receive 3 cc of crude liver extract together with 100 mcg of B12. In addition when I found that our fruit and vegetables no longer have the normal content of potassium and not enough of the oxidizing enzymes, I looked for the best source of potassium in the best composition and the best supply of oxidizing enzymes. I found that to be calves liver. But we cannot give the patient calves liver because it contains too much fat and cholesterol. As you know, fat and oils cannot be given Therefore we give these patients freshly pressed calves liver juice, which is made in a special way with equal parts of carrots. Liver alone cannot be pressed. We take ½ pound fresh calves liver (not frozen) and ½ pound of carrots to make one glass of 200 cc (approx. 8 oz.) of fresh juice. The patients, the far advanced cases, get two glasses a day, even three glasses, and they like it!

All this is done in the effort to restore the enteral digestion. When that functions, we add stomach juice (Acidol Pepsin) and we add pancreatin not coated. The cancer patients cannot digest the coated pancreatin. The pancreatin is given five times a day, three tablets each time. So they always have plenty of trypsin, pepsin, lipase and diastase in their systems. The blood can carry this around and digest the tumor masses wherever they may be.

Now, since I am running out of time, I should like to tell you what we do to prove that this treatment really does work on cancer.(13,14) Number one, the results. I think I can claim that I have, even in these far advanced cases, 50% results. The real problem arises when we cannot restore the liver. Then there is no hope. The liver—the restoration of the liver and its functions —are so important that some of the patients whose livers cannot be restored die some six months to 2½ years later from cirrhosis. Autopsies show no cancer cells in the body. They did not die from cancer. They died from a shrunken liver. Since I give more liver juice and I give

more for promoting the parenteral digestion, these cases of a shrunken liver are rare.

I think I could do a lot to improve the results. I do not want to go into the problems that patients face when they go home and the family physician tells them that they need not "eat that cow fodder." Or the family thinks they cannot carry through this treatment because it is too much work as it takes one to one and a half years to restore the liver. The liver cells are renewed in four to five weeks, five to six weeks in older patients. To restore such a liver, you would need 12 to 15 new generations of liver cells. That is 1½ years. But the most important part of the treatment, I have learned, is to give the patients a new functioning liver.

Now, for the proof of this theory. I had the idea to make an animal experiment in which we connected two rats — one cancerous rat and one healthy one. We cut them open along the side and connected a blood vessel, then sewed them together: The blood from the healthy rat circulated in the sick one day and night and cleared up the sick body. Thus we showed that with a healthy normal metabolism you can cure cancer. You can cure the cancerous rat with the healthy body of the normal rat. But we are in the early stages of this type of experiment. There was one patient whose husband wanted to be connected to his wife because of her very poor condition. But she said no, she didn't want to have him immobilized so long, next to her, with extensive nursing day and night. When she was first brought in to me, she had a very bad liver with probably hundreds of metastases, also in the rest of the body. I had told them that I didn't believe I could do anything for her, so the husband had offered his healthy body. But, even as it is, she is still living and improving. At any rate, with this type of experiment we have had no experience on human beings, only on rats.

Our next step to prove the theory was by taking tiny tissue samples from the liver by liver punctures. When time goes on and the patient recovers, the liver shows microscopically and chemically that recovery has taken place. This is done by micro-chemistry. There is an increase of the potassium content and iron, and now we can even trace the content of cobalt.

For ten years, I examined the potassium content in the serum of human beings and I made about 200 curves. But these are not characteristic. On the other hand, if we take a little tissue — a little mucous membrane or muscle tissue with the improvement of the patient, the tissue also shows a return to the normal potassium content. (12) This is of tremendous importance.

Two months ago when I planned to come here for my vacation, the parents of this little boy wrote me and asked me for treatment for leukemia. Here is the little boy. He was treated with blood transfusions, had been 50 and 60,000 white blood count and his red blood count was down to 1,400,000. He lost eight pounds in one week, couldn't eat or drink. I started the treatment about six weeks ago. Since that time, the boy is up and around, he can ride his bicycle, he is active and gained a total of five pounds. The blood count is normal. Lymphocytes are 6,500; hemoglobin is 73; 4,500,000 red blood cells — from 1,400,000! And here is the little boy. (The mother adds: "I want to tell you doctor, he really likes the liver juice, he doesn't want to eat chocolate!") You see, the liver juice, the children really like it and ask for more. In the clinic where the parents had taken the child, they were told that nothing could be done for him but I feel that now we can save
this child. (Applause)

I have here another patient: Mr. Eyerly. Could you come here? Mr. Eyerly came here to see me. He lives in Salem, Oregon. The man had cancer of the prostate and it had grown into the urine bladder. He went to the University Clinic at Portland, Oregon, to a famous urologist. He diagnosed the metastasis into the urinary bladder and said that they could do nothing. Besides, the cancer had grown into the pelvic bones. This was two years ago. The physicians, including the family doctor, all told him that he could live only 4 to 6 weeks, especially since all bones of the pelvis were full of cancer. He looked terribly ill when he came to me. His wife brought him with a nurse. He had made his last will and did not expect to live. Now we cured

that. It was especially difficult. I should like to thank his wife. She prepared the treatment with the greatest devotion. She was wonderful and we could rely on her. In a family where there is real devotion in the application of this treatment, we can even save these far advanced cases. Of course, we cannot save all of them but we can save more than we sometimes even consider possible. (Question from the audience: "How long did it take?") In the urinary bladder, it didn't take but a few weeks and there was no longer any blood and pus, nor in the stools either. But in the pelvis there were hundreds of spots, and that takes a long time because the body transforms this cancer first into so-called osteoplastic areas, not an osteolytic process which is bone reducing. With my treatment more bone is produced. The body produces more bone, and then the hypertrophic bone is transformed into normal bone tissue. Then there is no more pain. Now the patient can get around and is even the manager of a company.

By chance I had these two patients here and could show them to you.

Post-Lecture Questions and Answers
Q. Can fibroid tumors be dissolved in the same manner?

A. Fibroid tumors are mostly benign. Benign tumors take 10 to 20 times as much time to absorb as malignant tumors. This goes for adhesions and scars. Fibroid and benign tumors are dissolved only very slowly because they are not abnormal. It is difficult for the parenteral system to bring its digestive powers to bear on these benign tumors. But when they turn malignant, then they are quickly dissolved.

Q. (from a doctor) Dr. Gerson, when I visited your hospital in 1946 your housekeeper was drinking fresh carrot juice. She had had an inoperable cancer of the pancreas. Please tell us about her. She was doing very well for such a bad condition.

A. She is living and in good condition now, 10 years later.

Q. Is cancer a state of reaction of unrestrained excessive factors of certain hormones working on various degenerated organs or tissues?

A. No, I don't think so. There is much more and to answer that question, I have to go deeper into the problem. We have to separate the state of pre-cancerous condition from the state where the cancer appears. In the pre-cancerous condition, all is prepared. The liver is sufficiently damaged and the other organs of the intestinal tract are damaged enough and then later the symptoms appear. Until then we have the pre-cancerous condition and this condition cannot be cured with hormones and enzymes, etc. We can to a certain degree stimulate the liver with hormones. We can stimulate the liver with cortisone. We can stimulate the liver with adrenalin etc., but then we take out the last reserves. We empty the liver instead of refilling it. What we have to do in cancer — a degenerative, deficiency disease — is to refill the organs which are empty and poisoned. Therefore it is almost a crime to give cortisone and the other stimulants which will take away the last reserves and improve the condition for a short while only.

Q. Why are all berries prohibited?

A. Some of the patients are hypersensitive, especially in the beginning, against berries which are a little difficult to digest. Therefore I cut them out.

Q. Are tomatoes OK?

A. Tomatoes are OK.

Q. Soy products and soy beans are forbidden. But is lecithin forbidden, which is made from soy beans?

A. Since soy beans contain fats, I had to forbid them. Cancer patients are not able for a long time to digest fats to the end products. When some intermediate substances are left in the

body, they work as carcinogenic substances. Therefore we had to cut out fats, oil, and goods containing them for a long time.

Q. What metabolic tests do you do before and after to further prove recovery systematically as well as clinically?

A. I examine in all these case the urine, the complete blood count, basal metabolism or protein-bound iodine, and potassium in serum and tissue. To see how the liver functions, I found it best to examine the end product of the protein metabolism, urea nitrogen and uric acid. When these are normal and stay normal, then I assume that the patient is all right. But potassium in serum does not give a characteristic picture and makes it difficult to judge. The patient can be cured yet the serum potassium still shows low because the tissues take it away. In some of the cancer patients when they arrive as terminal cases, potassium is above normal! One of the physicians asked me once, "Are you crazy? With the potassium above normal, you give such big doses of potassium?" And I said, "Yes, sir, I am not crazy. The patient is losing the potassium. (12) That is how it is increased in the serum."

Q. Is fat-free lecithin OK?

A. Yes. But not in the beginning. After six weeks, fat-free lecithin is OK.

Q. How harmful is coffee as a drink?

A. Coffee as a drink can be used by the patients only when they take the castor oil because coffee increases the motility of the stomach so the castor oil moves more quickly out of the stomach. But otherwise, coffee as a drink disturbs the function of the capillaries and therefore it has to be cut out.

Q. Would not detoxification be advisable in the majority of illnesses? Is this not comparable to what is called "a cleansing program?"

A. We have to detoxify the body in all degenerative diseases, in acute diseases too. But not to the extent as is required in cancer. Even most of the arthritis cases are not so toxic. I found that almost all of the arthritis cases have a weak liver or damaged liver. This is also true of coronary disease.

Q. Are (synthetic) vitamin and mineral supplements OK?

A. No, they are wrong because calcium and many other minerals cannot be added so easily. They bring the system out of harmony. With calcium you can produce cancer. I was forced in three cases of hemophilia to give calcium to bring the blood to coagulate. I did it but the cancer regrew and I lost all three cases. No calcium, no magnesium, no other minerals. I tried it. There must be harmony in our body under the law of totality. One should not change the mineral metabolism, especially not in cancer. Only the two most important minerals potassium and sodium must be balanced. This is the need of the cancer patient.

Q. In John Gunther's book, Death Be Not Proud, mention is made of your treatment as used on John Gunther's son. Spectacular results were obtained at first but then there was a relapse and the patient died. Could you have cured this case without the regular MD's interference?

A. I will tell you why this poor boy died. He had a terrible brain tumor growing out of the skull, larger than my fist. I cured that. It's written in the book. But after that, the boy had an eczema and this eczema was of a special type which can usually be cured by giving the anterior lobe pituitary extract, a hormone. The family doctor, Dr. Traeger, said, "Why don't you give it to him?" But I told him that this is a terrible risk and I don't like to take such a risk with the life of that boy. When we give the pituitary, like many other hormones we may kill. But finally I gave in and it was my fault. And for a long time after that I couldn't sleep nights. I gave him the hormone and the tumor regrew. I can add to that, that more than 12 years ago now, there appeared an article by a professor in Chicago that cancer patients

benefit from administration of sex hormones. I gave it first to three patients, then to five. They reacted well for the first two to three months. Then I gave it to 25 more. They all reacted well for three to four months but after five months they went downhill. I lost 25 of my best cancer cases. Only six I could save again. That was the disaster from the hormone treatment. The Gunther boy was another disaster. That was not necessary. I want to reemphasize that we must not give the cancer patient "a little something" for temporary relief. I learned that the hard way.

Q. Your treatment worked in advanced cases of cancer of the liver?

A. If more than half to three-quarters of the liver is gone, you can't restore its function enough to save the patient. You may save them for half a year to a year, but then the liver may shrink and the patients die of a shrunken liver, cirrhosis of the liver. The liver is such an important organ that when it has to eliminate its own cancer, this has to be done by the healthy liver tissue. But the process of elimination can damage the healthy liver tissue if we don't detoxify constantly day and night, especially in these cases.

Now about three or four months ago a case came to me from Philadelphia. She told me when her son and brother brought her in that she had suffered from cancer of the rectum. At first the doctors didn't want to operate, then they couldn't. It was too late. Then she spent a half year at the Hoxey Clinic, and then she came home with a liver full of cancer, and hard as a board. I told her son and brother that this was too much, it wouldn't go. Take her home and make her comfortable. But they insisted I must try. And I did. And she is doing well! She can eat and drink, and the anterior part of her liver is a scar, hard as though it were calcified. Probably there is enough liver left. The son asked when they took her home after eight weeks, "You see, why didn't you want to take her?" At least for four weeks, every two hours and sometimes even every hour, she took coffee enema and castor oil enemas twice a day! She had so much gas and eliminated such large amounts of evil-smelling masses. When she left, we had to paint the room. It couldn't be washed off the paint.

(Comment by M.C.: "I may say that I have looked through a lot of these places in a general way. I have been through Dr. Gerson's sanatorium on three different occasions and spent each time eight or ten days. I saw cases come in there by ambulance, on stretchers — just like Dr. Gerson said — hopeless metastatic cancers of the liver, the intestines, with obstructions, getting morphine every three to four hours. To my amazement within ten days these same patients would be walking around, free from pain. I was so amazed I couldn't understand it. It was so incredible that I made my son who was a senior in medical school come back with me to see these things. But it was not only cancer. I saw cases there of other degenerative diseases of all types.")

Q. Is folic acid treatment contra-indicated during treatment of cancer?

A. Yes, (synthetic) folic acid did damage.

Q. Can arthritis be cured by the same treatment which you use for cancer?

A. Yes. The treatment is not specific. It is not a specific treatment for cancer.

Q. How do you account for the fact that many skin cancers and some other cancers can be surgically removed and they never regrow or recur, even though no metabolic changes have been made?

A. Some patients have only temporary damage of the liver and the liver is then able to restore itself. But that is not in a majority of the cases. Sometimes if you remove, say a breast cancer, the removal of these toxins and poisons which the cancer itself generates is sufficient in some cases to relieve the temporary damage from the liver. Then the liver can recover. But these are the exceptions. And it is not basic. Also some of these patients get recurrences later. Many of

my patients, after an initial operation, had stayed well for three or sometimes even five years. Then the cancer recurred. They were inoperable and orthodox medicine was helpless.

Q. Would it not be advantageous for the cancer patients to remain permanently on a vegetarian diet for the rest of their lives?

A. That depends on how far the liver can be restored. If it can be restored entirely, after say 1½ years, we tell the patients only to avoid fats and salt. Otherwise they are free. Many of them lead normal lives. But I'd like to say that about 75% like to stay more or less on the diet, and some even convince the other members of their families to stay on it with them. For instance, we have a photograph here in Escondido of Mr. Walter Wagg. He had a 100% incurable disease, progressive muscular dystrophy. He had been in the best clinics and could get no help. I cured him. Then his wife wanted to have another baby and they were able to have one. Later he came to where I was spending my vacation and showed me his wife and the baby. He told me that the whole family sticks to the diet and said he would stay with it as long as he lived since he is in such fine condition.

Q. What can be done for impaired lymph circulation following surgery in one arm for what was diagnosed as cancer?

A. It is very difficult to absorb these scars so that the lymph circulation can be restored, a very difficult task. It takes years.

Q. What is your conception of a prolonged fast or periodical three-day fast?

A. You can't let the cancer patient fast. In the cancer patient the body is so depleted, if you let them fast they go downhill terribly.

Q. What would you consider more important, diet or balanced emotions?

A. The balanced emotional condition is very important but without the diet and the detoxification you cannot heal.

Q. Would Parkinson's disease respond to a treatment similar as that for cancer?

A. What is destroyed in the central nervous system — and Parkinson's disease is a disease of the basal centers — is destroyed forever. But you are able to help the arteries in the brain with the treatment, and you can stop the progression, and you can restore what is not yet entirely destroyed.

Q. Does anemia contribute to cancer?

A. Sometimes it is a pre-condition to cancer, especially a certain type of anemia, not the so-called secondary anemia.

Q. Can too much vegetable juice cause alkalinity?

A. No.

Q. Dr. Otto Warburg advises increased intake of oxygen.

A. Oxygen would not go into the system so easily. You must have oxidizing enzymes, you must have more potassium, you must have the conditions under which oxygen can function.

Q. What vitamins are OK to take with your treatment?

A. With the vitamins we have a similar situation as we saw with the hormones. I damaged patients with vitamin A, vitamin E, vitamin B and B6. Patients get really damaged. Vitamin A and D is picked up by the cancer cells immediately. Niacin we can use, that is B-3. (Editor's Note: the Gerson Diet is extremely high in natural vitamins. Cancer patients are probably very sensitive to overdosage with synthetic vitamin preparations.)

Q. What do you think of deep manipulation?

A. Cancer patients should not be massaged. Rubbing of the skin to open the capillaries and to help the body to stimulate the circulation is very valuable. We give the patient a rub two or three times a day before meals with a solution of ½ glass water with two tablespoons rubbing alcohol and two tablespoons of wine vinegar. To rub the whole body is very refreshing and helps the circulation.

Q. Can a person with a colostomy take the same type of coffee enema as a regular patient?

A. Yes.

Q. What are the principles of the coffee enema?

A. It opens the bile ducts. This is the principle.

Q. How can we prevent cancer?

A. Cancer must be prevented by preventing damage to the liver. The basic measure of prevention is not to eat the damaged, dead, poisoned food which we bring into our bodies. Every day, day by day, we poison our bodies. The older people still have a better liver and resistance from the food they had when they were young. The younger people get worse and the babies, now the second generation on canned baby foods, are still worse. They get leukemias. First of all, eat as much as you can of raw food, keep the potassium level up, and take some iodine.

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5-year survival rates of melanoma patients treated by diet therapy after the manner of Gerson: a retrospective review

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Abstract

OBJECTIVE: Compare 5-year melanoma survival rates to rates in medical literature. DESIGN: Retrospective. SETTING: Hospital in Tijuana, Mexico. PATIENTS: White adult patients (N = 153) with superficial spreading and nodular melanoma, aged 25-72 years. INTERVENTION: Gerson's diet therapy: lactovegetarian; low sodium, fat and (temporarily) protein; high potassium, fluid, and nutrients (hourly raw vegetable/fruit juices). Metabolism increased by thyroid; calorie supply limited to 2600-3200 calories per day. Coffee enemas as needed for pain and appetite. MAIN OUTCOME MEASURE: 5-year survival rates by stage at admission. RESULTS: Of 14 patients with stages I and II (localized) melanoma, 100% survived for 5 years, compared with 79% of 15,798 reported by Balch. Of 17 with stage IIIA (regionally metastasized) melanoma, 82% were alive at 5 years, in contrast to 39% of 103 from Fachklinik Hornheide. Of 33 with combined stages IIIA + IIIB (regionally metastasized) melanoma, 70% lived 5 years, compared with 41% of 134 from Fachklinik Hornheide. We propose a new stage division: IVA (distant lymph, skin, and subcutaneous tissue metastases), and IVB (visceral metastases). Of 18 with stage IVA melanoma, 39% were alive at 5 years, compared with only 6% of 194 from the Eastern Cooperative Oncology Group. Survival impact was not assessed for stage IVB. Male and female survival rates were identical for stages I-IIIB, but stage IVA women had a strong survival advantage. CONCLUSIONS: The 5-year survival rates reported here are considerably higher than those reported elsewhere. Stage IIIA/B males had exceptionally high survival rates compared with those reported by other centers.

Objective. 5-year survival rates were computed for melanoma patients treated with a nutrition-based cancer therapy developed by Max Bernard Gerson, M.D. These were contrasted with 5-year rates appearing in the melanoma literature. Within the Gerson-treated sample, 5-year rates were compared for males vs females.

Design. Retrospective analysis was done on a case series of 153 melanoma patients admitted to the Gerson cancer management program from 1975 through July of 1990. Follow-up is ongoing.

Setting. The medical group of Centro Hospitalario Internacional del Pacifico, S.A. (CHIPSA) is consolidated from three previous smaller facilities, Hospital La Gloria, Hospital Jardines la Mesa,

and Hospital Del Sol, all in the metropolitan area of Tijuana, Baja California, Mexico. Most patients in this study were hospitalized at one of the four facilities. A few patients were treated by independent physicians.

Patients. This study reports on 153 adult Caucasian superficial spreading and nodular melanoma patients, 83 (54%) males and 70 (46%) females, ranging in age from 25 to 72 years. 14 (9%) presented with local (stages I and II) disease, 35 (23%) with regional metastases (stage III), and 104 (68%) with distant metastases. Almost all patients were from the U.S., while several came from other English speaking countries.

Intervention. The diet therapy used in this study is a salt and water management, restricting sodium and supplementing potassium. It provides oral hyperalimentation of nutrients, while forcing fluids, by hourly administration of raw vegetable and fruit juices. Caloric utilization rates are enhanced through thyroid administration, while caloric content of the diet is limited (2,600 - 3,200 cal/day) by a very low fat, lactovegetarian diet. Protein is temporarily restricted. Coffee enemas are administered pro re nata (as frequently as every 4 hours) to improve nutrition, and to relieve pain.

***Main Outcome Measured*.** 5-year survival rates by stage at admission.

Results. A 100% 5-year survival rate for stage I and II melanoma patients in the Gerson system (n = 14) compares favorably to the 79% 5-year rate found by Balch in a recent meta-analysis, but due to extremely low early-stage recruitment, the sample is far too small for statistical significance (^{2} = 2.56, P = 0.109). An 82% 5-year survival rate was achieved in stage IIIA melanoma patients (any T N1 M0) in the Gerson system (n = 17). Seen in contrast to a 39% 5-year rate published by the American Society for same-stage patients of the Fachklinik Hornheide (n = 103), those in the Gerson system benefited from a 110% greater (.43 difference in means) survival advantage (^{2} = 9.48 with 1 degree freedom, P = 0.002, Power = 0.887). Comparison of 5-year survival rates for all T4b, N1, and N2 (stages IIIA + IIIB) patients of the Fachklinik Hornheide (41%, n = 134) with those of CHIPSA (70%, n = 33) reveals a 71% greater (.29 difference in means) survival advantage (^{2} = 7.62 with 1 degree freedom, P = 0.006, Power = 0.802). Because the majority of Gerson-treated stage IV survivors had documentation of only lymphatic, skin, and subcutaneous metastases (no deep internal disease), they were categorized separately from those with visceral metastases. Analysis of stage IV is divided into IVA (metastases limited to skin, lymph, and subcutaneous tissue) and IVB (visceral metastases). In stage IVA (any T, any N, M1-only), Gerson patients achieved a 39% 5-year survival rate (n = 18) which is considerably higher (.33 difference in means) than the 6% 5-year rate (n = 194) of the Eastern Cooperative Oncology Group (^{2} = 19.3 with 1 degree freedom, P < 0.0001, Power = 0.997). The majority of IVB patients were suffering very advanced disease on admission to the Gerson program. Survival impact of Gerson's cancer therapy in stage IVB melanoma was not assessed. Male and female survival rates are identical for local and regionally metastasized melanoma. With distant metastases of skin and lymph (stage IVA), women (n = 9) have a strong survival advantange over men (n = 9) at 5 years (Fisher Exact Test, P = 0.049).

Conclusions. Stage-related 5-year survival rates for adult, Caucasian melanoma patients who used Gerson's therapy are considerably higher than rates reported elsewhere in the melanoma literature. Also, in contrast to the experience of other reporting centers, female and male survival rates were equal in regionally metastasized (stage III) melanoma. These outcomes suggest a possible direction for broader clinical investigations.

Introduction

This paper summarizes the clinical outcomes of melanoma patients treated with the nutrition-based cancer therapy proposed by Max Gerson, [Ref 1] and contrasts them with rates reported in the literature. To our knowledge, this report is the most thorough retrospective analysis to date to

examine the potential survival benefit of this, or any other, well-known alternative method of cancer management.

The genesis of this inquiry occurred during a landmark study by the U.S. Congressional Office of Technology Assessment [Ref 2] to which one of us (G.H.) was an advisor. In its report, OTA put forward a protocol for best-case reviews based on the premise that, no matter how many patients failed, as few as 10 or 12 cases with objective evidence of tumor response would be enough to propel an investigation by the National Cancer Institute (NCI). Because we had proposed the original best-case review protocol to OTA, we were eager to construct a best-case review. However, we found OTA's (and later NCI's) protocol to have a serious shortcoming when used retrospectively: its focus on only tumor regression. Adequate documentation of tumor regression is unlikely to be collected in most alternative medical practices.

We abandoned the best-case review for the more informative retrospective review. In contrast to the best-case review, the retrospective review describes all patients, including non-responders, giving a more adequate impression of the outcomes of treatment.

Our efforts to complete a best-case review, however, were not without some rewards. CHIPSA practitioners suggested cases with all different types of cancer which they believed had unusually positive outcomes. Of the 27 cases cataloged, fully 33% were long term melanoma survivors, which underscored the need to do a more complete evaluation of melanoma *per se*.

In the process, we determined that the institutions which originally diagnosed the patients were reliable. We requested histological specimens for the above 27 cases, and forwarded the numbered slides, without clinical histories, to the Armed Forces Institute of Pathology (AFIP). AFIP pathologists' findings agreed with those reported by the original institutions with the exception of one specimen, which had been destroyed by improper handling and storage. In a related exercise, original diagnostic scans were read by contemporary UCLA physicians whose interpretations were in virtually complete agreement with those of the original readers.

Methods

Over 15 years, from 1975 through July of 1990, 249 patients presented for treatment of melanoma. 53 (21%) are lost to follow-up. Survival outcomes were learned for 196, but 14 were excluded because they did not have verified nodular or superficial spreading melanoma. 29 (19%) of the remaining 182 charts could not be assessed for stage at admission. Therefore, this paper is based on the outcomes of 153 adult melanoma patients treated with Gerson's nutrition-based cancer therapy. All assessable patients were Caucasian. Almost all were hospitalized by physicians of Centro Hospitalario Internacional del Pacifico, S.A. (CHIPSA), Playas de Tijuana, Baja California, Mexico. Several were treated by physicians in private practice. Medical charts supplied by CHIPSA were consolidated from three predecessor facilities, Hospital La Gloria, Hospital Jardines La Mesa, and Hospital Del Sol, all from the Tijuana metropolitan area.

Gerson is credited with the introduction and development of therapeutic sodium restriction [Ref 3] in the context of a high potassium diet, which was first broadly tested in refractory cutaneous tuberculosis (*lupus vulgaris*). [Ref 4] According to eminent dermatologist Erich Urbach, [Ref 5] the majority of authors of note investigated and approved Gerson's diet therapy for lupus. Emerson [Ref 6] was the first U.S. author to refer to the diet as a metabolic therapy. Gerson's tuberculosis diet became the basis of a number of quite different dietotherapies developed by him for conditions as diverse as pulmonary tuberculosis and cardiorenal insufficiency.

The cancer management employed by CHIPSA was developed empirically by Gerson over the course of thirty years of clinical experimentation. [Ref 7] Gradually, by trial and error, Gerson evolved an integrated set of medical managements which he last published in a 1958 monograph along with fifty cases presented in clinical detail. [Ref 8]

Although Gerson's method was published several times in U.S. [Ref 9] and German [Ref 10] refereed journals, it is not well known by most practitioners and researchers. Therefore, a brief description of the development and nature of the therapy may be useful.

During the 1930s, Gerson's research at the University of Munich was afforded extraordinary laboratory support through funding provided by both the Bavarian and Prussian federal governments. [Ref 11] Gerson focused on the experimental use of diet and medications to improve tissue edema ocurring in a variety of pathologies. Edema is characterized by salt and water changes that Cope [Ref 12] has defined as *tissue damage syndrome*: decreased cell K^+, increased cell Na^+, and increased cell water (cell swelling); changes which are also observed after human death. [Ref 13] Nutritional treatment to provide cells with a high K^+, low Na^+ environment improved edema and led to enhanced tissue resistance and immunities, and therefore better outcomes. [Ref 14] This rationale can be traced through all of Gerson's subsequent efforts in cancer management. [Ref 8 pp 164,166,184,197]

The cancer diet is individualized to meet the needs of every patient, but it does have uniform components. For most patients, it is restricted in salt, fat and (temporarily) protein. It supplies very high quantities of many nutrients and phytochemicals, while at the same time forcing fluids, through thirteen hourly feedings of raw fruit and vegetable juices daily. About half of the melanoma patients included in this study received 24 ounces daily of raw veal liver/carrot juice (each glass contained the pressings of ½ pound of liver and ¾ pound of carrots). Following numerous disruptions in supplies which began in late 1985, raw veal liver was formally discontinued in 1987 due to repeated instances of bacterial contamination (campylobacter *fetus s. fetus*). Comparisons of patients from different time frames indicate that those receiving liver juice experienced better survival outcomes overall. [Ref 17]

Gerson restricted calories while simultaneously increasing metabolism in an effort to emulate the anti-tumor effect of calorie restriction *per se*, first demonstrated by Moreschi and Rous. [Ref 16] Enhanced caloric utilization rates (metabolism) can alter tumor growth whether metabolism is accelerated by iodine medications [Ref 17] (Gerson used thyroid and Lugol's solution), or exercise. [Ref 18] The caloric supply is limited to 2,600 - 3,200 cal/day by the low fat, lactovegetarian diet served in three generous daily meals. Niacin, potassium salts (acetate, gluconate, and monophosphate), and crude liver extract with vitamin B-12 injectable, are given to support accelerated cellular energy production.

In the University of Munich experiments, Gerson found that temporary protein restriction aided edema absorption [Ref 19] and favored improvement in his patients. In Gerson's cancer diet, protein repletion with nonfat cultured dairy products occurs after at least 6 weeks in most cases. Shorter periods of protein restriction are recommended for children and elderly patients.

Castor oil, a cathartic with no known clinical side effects, is given every other day for many weeks. Retention enemas medicated with boiled coffee are taken *pro re nata*, as frequently as every four hours, throughout the day and night, for their observed ability to alleviate pain and to improve nutritional condition. Peter Lechner has observed statistically significant cancer pain relief from coffee enemas in a prospective matched control trial at the University Hospital of Graz, Austria. [Ref 20] Although the mechanism of pain relief is not known, Cope [Ref 7] suggested it may be due to a crude sort of dialysis across the gut wall for tumor breakdown products such as polyamines, toxic bound nitrogen, and ammonia. Lechner [Ref 21] has also observed improved tolerance of aggressive conventional treatments in those patients who are willing to employ Gerson's therapy at the same time. At CHIPSA, the management is prescribed for 18 to 36 months, subject to physician's judgment and patient response.

This study, because of its retrospective nature, makes no attempt to adjust for variables such as mind/body treatments, adjuvant botanical or homeopathic materials (although it is our impression that such treatments were commonly used). We know of only 2 cases in which non-surgical

conventional offerings were employed concurrently with the Gerson treatment: 2 stage IVA patients, both 5-year survivors, added adjuvant biological response modifiers - 1 employed interferon for 6 months, and the other utilized levamisole. Several patients whose disease had escaped surgical management before admission to the Gerson program required one or more additional surgeries during treatment.

Data collection

To begin, we reviewed all records, files and lists at our disposal from Hospitals La Gloria, La Mesa, Del Sol, CHIPSA (Centro Hospitalario Internacional del Pacifico, S.A.) and the Gerson Institute (San Diego). In cases for which original patient phone and address records were no longer valid, we went to stored financial charts in which were found records of collect telephone calls placed by patients to friends and relatives. We used those additional numbers with considerable success to locate living patients and to learn the fate of the deceased. We were also able to extend our search by employing the epidemiological services of Equifax. In 1993, the Gerson Research Organization (GRO) began publishing a free newsletter for current and past patients, who were invited to join a support network. They were encouraged to share with all patients, even if they had not been treated by CHIPSA physicians. Through this route, several independently treated patients were discovered, contacts were established with their physicians, and data were collected.

Levels of documentation

Because ours is a groundbreaking effort among the various alternative forms of cancer management, we feel that explanation of our documentation process is warranted. Two standards of documentation were applied: one for survivors, and one for deceased.

We quite rigorous in the cataloging of charts for survivors. Forty-five survivor charts have been meticulously cataloged to include independent histological verification, previous physicians' notes, surgical summaries and radiological interpretations. In addition, our own physician notes, extended care consultation records, periodic laboratory reports, x-rays and scans, as well as medication purchase records and other evidence of compliance were included. Charts for 5 survivors could not be sufficiently cataloged to assess staging at admission, even though they did contain adequate evidence of the presence of melanoma.

For purposes of this evaluation, we have operated under two assumptions regarding the deceased patients: 1) the majority *probably* achieved some measure of compliance with the Gerson treatment, and 2) the cause of death for the majority was *probably* melanoma. Mortality data are being assembled to address these assumptions if at all possible.

In staging the deceased, we allowed less stringent documentation to suffice, with the understanding that the negative outcomes were *probably* due to melanoma. Fifty-seven charts of deceased patients contained independent confirmation of staging by their previous physicians, the standard of evidence required for all survivor charts in this study. In contrast, 44 were staged by relying on the admitting physicians' oral histories and physical examinations. Beyond this, questionnaire responses and correspondence were considered to provide adequate information for 7 patients whose charts could not be located.

Such lower level documentation (admission oral history and physical exams, and the questionnaire responses) was considered acceptable *only* for charts of deceased patients whose disease had apparently progressed. If we have erred in this judgment, it was on the side of caution. Because physicians administering the Gerson cancer therapy did not make exhaustive staging efforts on admission for any of their melanoma patients, the possibility certainly exists that deceased patients may have developed undetected distant and internal metastases before admission; in fact, this possibility cannot be ruled out for the survivors. With these criteria, 108 charts of the deceased were

assessable for stage at admission.

24 charts were missing, presumably destroyed in the La Gloria Hospital fire of 1985 in which approximately 900 charts of all different pathologies were lost. Two cases for which outcomes had been documented (both were noted deceased in a Gerson Institute file index) were identified by initials only, with no gender markers. Survival outcomes are known for 72 females and 81 males. 42 (58%) of the females and 69 (85%) of the males are deceased, a finding consistent with the female survival advantage widely reported in the melanoma literature. 2 deceased males and 1 deceased female (all stage III) lived 5 or more years and are reflected in this report as 5-year survivors.

Statistical methods

153 charts were assessable for both outcome and stage at admission. 5-year survival rates for each stage were compared to rates previously published by Balch [Ref 22] the American Cancer Society, [Ref 23] the Eastern Cooperative Oncology Group, [Ref 24] and Fawzy I. Fawzy. [Ref 25] For most comparisons, we used the Chi-square (^{2}). When comparing small samples, we employed the Fisher Exact Test. For the above tests, we employed a computer program, *SigmaStat*, by Jandel Scientific Software. Programs were created by one of us (S.C.) to generate Kaplan-Meier survival functions. Survival curves were plotted in Harvard graphics. Cox regressions and log-rank tests for homogeneity of survival curves were used for comparison of data.

Staging criteria used in this report

Because there exist so many different staging systems for nodular and superficial spreading malignant melanoma, we thought it advisable to provide a breakdown of the staging criteria we used (see Table 1).

Table 1. Staging System used for this report.

Stage	TNM	Clark	Breslow	Satellites	Largest Regional Node	In-transit Metastases	Non-regional skin, subcutaneous and lymph metastases	Visceral Metastases	At 5 years alive / deceased
IA	pT1 N0 M0	II	> .75 mm	-	-	-	-	-	4/0 4
IB	pT2 N0 M0	III	.75 mm > 1.5 mm	-	-	-	-	-	7/0 7
II	pT3 N0 M0	IV	1.5 mm > 4.0 mm	-	-	-	-	-	3/0 3
IIIA	rT4a N0 M0	V	> 4.0 mm	-	-	-	-	-	1/1 2
or	pT4b N0 M0	V	> 4.0 mm	Within 2 cm of primary	-	-	-	-	1/0 1
or	Any pT N1 M0	-	> 4.0 mm	-	3.0 cm	-	-	-	14/3 17
IIIB	Any pT N2a	-	-	-	3.0 cm	-	-	-	7/3 10

	M0								
or	Any pT N2b M0	-	-	-	-	2 cm from pT/ not beyond region	-	-	1/45
IVA	Any pT Any N M1	-	-	-	-	-	Any	-	7/1118
IVB	Any pT Any N M2	-	-	-	-	-	-	Any	0/8484

rT = recurrent tumor Clark level of invasion: II = in the papillary dermis Breslow = greatest thickness of pT.
pT = primary tumor III = at the papillary/reticular dermis interface.
N = node IV = in the reticular dermis.
M = metastases V = in the subcutaneous tissue.
Note: Stages IA, IB, and II are determined by the Breslow and Clark measures, going by whichever one is worse.

We borrowed from current international standards of TNM (tumor, nodes, metastases) for melanoma as published by the American Joint Committee on Cancer [Ref 26] as well as the more precise staging divisions for micrometastases as published by the International Union Against Cancer. [Ref 27] Both of these methods incorporate Clark levels (tissue invasion) and the Breslow index (tumor thickness).

The recent reclassification of melanoma staging emphasizes micrometastases and has, therefore, caused considerable stage migration. Many melanomas which would previously have been categorized stage IIB have moved to stage III. Stage III has been expanded and divided into stages IIIA and IIIB. The net effect of this reclassification, from our point of view, is an amplification of the survival benefit of lifestyle management as represented by the Gerson cancer treatment. In this paper, we have presented our findings with a proposed new division of stage IV into two parts. We believe that our findings support this division.

Results

The primary purpose of our study was to assess survival outcomes as measured by 5-year survival rates by stage. These are summarized in Table 2.

Table 2. 5-year survival rates by most clinically important disease (TNM).

TNM	**All pT1-3**	**(Any T) N1**	**(Any T) N2**	**(Any T, Any N) M1**	**(Any T, Any N) M2**
***n* =**	14	17	15	18	86
5-year survival	100%	82%	67%	39%	-
Alive at 5 yrs	14	14	8	7	0
Deceased	0	3	7	11	86

Two rT4a and oneT4b (early stage III) patients are not reflected in the above table.

249 potential melanoma patients were identified from lists and files of the above mentioned organizations. Survival outcomes were learned for 196 (79%), while 53 (21%) are lost to follow-up.

167 cases (85%) were assessable for stage at admission, while 29 cases (15%) were not.

14 cases (8%) were excluded. 3 of these cases did not have malignant melanoma (2 had melanoma *in situ*, and 1 had a previous history of melanoma). 1 case of pediatric melanoma was excluded due to its unique nature. Also excluded were 10 cases of ocular melanoma (2 surviving, 8 deceased), which has different staging criteria and is not directly comparable to either nodular melanoma or the superficial spreading type. Superficial and nodular melanoma become comparable with the use of Clark levels and the Breslow index. [Ref 21]

After exclusions, a total of 153 patients were included in this review. 45 (29%) lived at least 5 years (41 of whom are alive at this writing), and 108 (71%) are known deceased. Survival rates within the Gerson system are clearly stage-related (see Table 3).

Table 3. Survival rates by stage

Year	Stage I/II (*n* = 14)	Stage III/IVA (*n* = 53)	Overall
0	100	100	100
1	100	83 ± 5	87 ± 4
2	100	74 ± 6	79 ± 5
3	100	66 ± 7	73 ± 5
4	100	64 ± 7	72 ± 6
5	100	64 ± 7	72 ± 6

Note: Stage IVB was not assessed.

A log-rank test for homogeneity of Kaplan-Meier survival curves for early (localized) vs. late (regionally or distantly metastasized) disease (see Figure 1) reveals that the difference is statistically significant ($P = 0.007$).

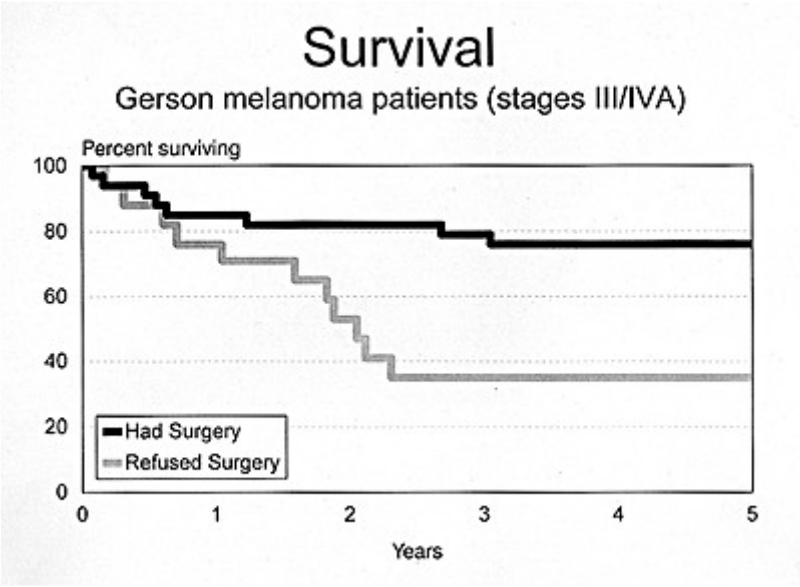

Figure 1. Early (localized) vs late (regionally or distantly metastasized melanoma.

However, as will be seen below, survival rates for males and females do not differ until distant (beyond the primary lymphatic drainage system - stage IV) metastases have presented.

Stages I and II

14 (9 %) of 153 patients assessable for stage at admission entered the Gerson program with early (stage I or II) melanoma. At admission, 4 patients were stage IA, 7 were IB, and 3 were stage II. None suffered progression of melanoma after admission. All remained free from melanoma for up to 17 years. 13 are alive at this writing. 1 is deceased of other causes.

All of the stage I and II patients reviewed were admitted to the Gerson program prior to May of 1987 and are, therefore, assessable for a 5-year survival rate. 14 (100%) of 14 early stage melanoma patients have remained disease-free for a minimum of 7½ years and a maximum of 17 years. No deaths due to melanoma have occurred in this group (although a 74 year-old, 15-year stage II survivor died of prostate cancer). When contrasted to a meta-analysis of 15,798 stage I and II melanoma patients from reporting centers worldwide in which Charles Balch [Ref 22] found an overall average 5-year survival rate of 79%, the sample size in the Gerson treatment system is too small for statistical significance (^{2} = 2.56, P = 0.109). The sample would have to be 36% larger, i.e., an additional 5 non-recurrent early stage patients would be required to reach significance. However, seen in the context of this study's unusually positive findings for stages III and IVA, these data hint that aggressive lifestyle intervention (e.g. Gerson's therapy) may hold a potential to reduce the worldwide 5-year mortality rate for early stage, localized melanoma. 21% of the early stage patients in Balch's meta-analysis (more than 3,300) were deceased at 5 years.

It is also of interest that stage I and II melanoma comprised approximately 88% (15,798 of 17,914) of the patients reported by centers worldwide, while physicians offering the Gerson cancer treatment saw only 9% (14 out of 153) at such an early and hopeful stage.

Stage III

25 (53%) of the 5-year survivors entered the Gerson program at stage III. In all, 35 (23%) of the assessable cases were admitted at stage III. The 5-year survival rate for 35 assessable stage III melanoma patients treated with the Gerson diet therapy is 71%, with 10 deceased prior to the 5 year mark, and 25 cancer-free for at least 5 years.

The American Cancer Society (ACS) publishes a 39% 5-year survival rate for stage III melanoma. Other reported 5-year survival rates [Ref 22] range from 27% in Brisbane to 42% at Duke University. Interestingly, no center included in Balch's meta-analysis, [Ref 22] other than Duke University, reported a 5-year survival rate higher than 37%.

The Fachklinik Hornheide, writing in the American Cancer Society's journal, *Cancer*, [Ref 23] reported a 39% 5-year survival rate (n =103) for patients with stage IIIA (N1-only) melanoma. A comparable group from the Gerson system (n = 17) achieved an 82% 5-year rate. The comparison (.43 difference in means), which reveals a 110% greater survival advantage for patients in the Gerson system, is statistically significant (^{2} = 9.48 with 1 degree freedom, P = 0.002, power = 0.887).

The Fachklinik Hornheide also provided a 41% 5-year survival rate for all (n = 134) its stage IIIA (T4b and N1) and stage IIIB (N2 patients). Same-stage patients in the Gerson system (n = 33) achieved a 5-year survival rate of 70%. The difference in means (.29) is statistically significant (^{2} = 7.62 with 1 degree freedom, P < 0.006, Power = 0.802).

Stage IVA

104 (68%) of the assessable patients were stage IV at admission. All stage IV survivors in the Gerson program were admitted presenting only superficial metastatic disease (limited to skin, subcutaneous and lymph involvement) with no internal metastases. We believe that these patients represent a responsive subgroup within stage IV, and suggest categorizing such patients separately,

as stage IVA.

According to Balch (1992), 23% of stage IV patients reported worldwide present first metastases confined to lymph, skin and subcutaneous tissue (any T, any N, M1). He reports that this group has a median survival of 7.2 months, and a 1-year survival rate of 25% worldwide.

18 (17%) of the stage IV patients admitted to the Gerson program were classified M1 (stage IVA). 7 (39%) of 18 are alive at this writing. Their survival range is 5 to 19 years. Therefore, the 5-year survival rate for 18 melanoma patients admitted to the Gerson program at stage IVA is 39%.

The Eastern Cooperative Oncology Group (ECOG) has recently published an outcomes analysis of 635 advanced-stage melanoma patients in which they offered a breakdown of survival by most significant sites. ECOG showed 11 of 194 patients fitting our stage IVA criteria to have lived 5 years, for a 5-year survival rate of 6%. [Ref 24] Contrasted with that, the 5-year survival rate for 7/18 stage IVA melanoma patients in the Gerson system is 39% (550%) greater (.33 difference in mean). This comparison is statistically significant (^{2} = 19.3 with 1 degree freedom, $P < 0.0001$, Power = .997).

Stage IVB

The current study makes no attempt to assess the survival impact of Gerson's cancer therapy in stage IVB. Because there were no exclusion criteria at any of the Gerson-treating facilities, we were unable to find a single comparable treatment group moving through any other reporting treatment system. 86 patients (56% of the assessable group) were admitted to the Gerson program at stage IVB, most with gravely advanced disease. All are deceased. 6 of the deceased were not able to start the Gerson treatment. 6 died in the hospital. 1 presented both melanoma and AIDS. 14 patients are known to have had LDH readings 300% or more above normal at admission. The highest recorded was 3,776, or more than 2,400% above normal. Major metastases were distributed as follows: 26% had brain involvement, 30% had liver tumors, 18% had tumors in abdominal viscera other than the liver, 40% had lung disease, 21% had melanoma in bone, and 25% exhibited skin tumors.

Only 1 patient, a female registered nurse originally admitted at stage III, has documented objective radiological evidence of progression to internal (bone) disease (M2, stage IVB) and subsequent complete remission of those lesions. She remains alive and well for 8 years at this writing.

Influence of gender on survival

A female survival advantage has been reported widely in the melanoma literature. While a female survival advantage is seen in the Gerson system (see Table 4),

Table 4. Survival rates by gender

Year	Female (*n* = 39)	Male (*n* = 28)	Overall
0	100	100	100
1	92 ± 4	79 ± 8	87 ± 4
2	87 ± 5	68 ± 9	79 ± 5
3	85 ± 6	57 ± 9	73 ± 5
4	85 ± 6	54 ± 9	72 ± 6
5	85 ± 6	54 ± 9	72 ± 6

Note: Stage IVB was not assessed.

male and female 5-year survival rates are not significantly different until stage IVA (distant metastases to skin, subcutaneous tissue and lymph). Male and female survival rates are substantially the same for patients with stage I and II (completely local disease) as well as stages IIIA and IIIB

(regionally metastasized disease).

12 females and 2 males were admitted with early (stage I + II) melanoma. This shows an unexplained female recruitment bias (6:1) in early stage patients. This did not occur with any other stages.

Of 35 patients assessed for stage a IIIA + IIIB (all pT4a, pT4b, N1, and N2) 5-year survival rates, 18 (51%) were males and 17 (49%) were females, a distribution very similar to that reported by the Fachklinik Hornheide [Ref 23] which had 49% males and 51% females. Of those who were cancer-free at 5 years or beyond, 12 were male and 13 were female. Of the deceased, 6 were male and 4 were female.

Comparison of the 67% 5-year survival rate for all stage III males in the Gerson system with the 76% rate for females (.09 difference in mean) is not statistically significant (Fisher Exact Test, P = 0.711). 2 of the 12 male 5-year survivors recurred after the 5th year and are deceased. One female 15-year survivor recurred and is deceased. Even at 10-years, the survival rate for females (63%, n = 8), while considerably higher than that for males (50%, n = 12), the difference in means (.13) is not statistically significant (Fisher Exact Test, P = 0.489).

Of 18 patients admitted for treatment of stage IVA melanoma, 9 were women (50%) and 9 were men (50%). This recruitment pattern, half and half, is consistent with the melanoma literature. Of 7 who survived 5 years, 6 (86%) are female, while only 1 (17%) is male. Although the samples are tiny, comparison of the 67% female 5-year survival rate with that of the males (11%) is statistically significant (Fisher Exact Test, P = 0.0498).

When IVA survival and mortality data are included with data for stages I through IIIB, the Kaplan-Meier survival curves for stage I - IVA males vs those of females (see Figure 2) are significantly different (P = 0.004) when log-rank tested for homogeneity over 5 years.

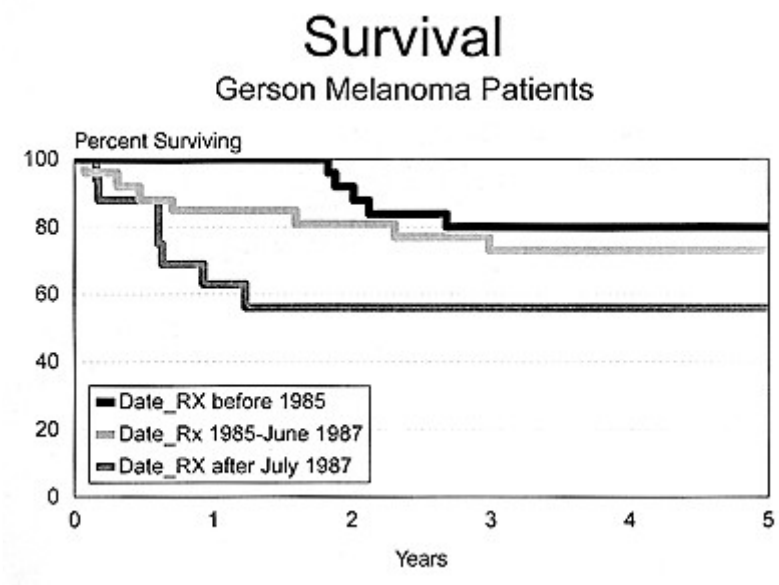

Figure 2. Effect of gender on overall average survival for melanoma stages I-IVA.

Limitations

It has been repeatedly suggested that patients who use alternative cancer treatments may be different from patients who employ conventional treatments. Several differences have been reported by Cassileth, [Ref 28] who found that alternative treatment users tended to be white and better educated than those who used only conventional treatments. It remains to be seen whether these or any other influences yet to be discovered can account for the survival advantage reported here.

However, at present, we can cite no convincing evidence that patients treated in the Gerson system differed from the comparison groups according to any meaningful prognostic variables.

This report has not accounted for variables within the Gerson system, i.e. the role and influence of individual components, and various sets of components. Subsequent to the completion of this report, two major variables, complementary use of surgery and the use of raw veal liver/carrot juice, have been significantly associated with improved melanoma survival outcomes. [Ref 15] Studies of the rationales for modifications made by Gerson over the 30-year course of development of his treatment have led to contemporary modifications, [Ref 15] creating still more challenges for thorough analysis.

This study is a retrospective analysis, and therefore lacks the luster of a randomized clinical trial (RCT). However, the authors have made every attempt to verify adherence to therapy (especially by the survivors), to contrast these data with existing data banks, and to clearly present the comparisons here.

Discussion

No clearly defined mechanism has been identified to account for the survival advantage demonstrated above. Gerson believed that oxidizing enzymes supplied by the raw juices of his diet therapy improved host functions sufficiently to disadvantage malignant cells, which he believed produced their energy through fermentative metabolism. This belief was based on the long popular, but now disproven, cancer generalization of Otto Warburg. [Ref 29] The clinical findings of the present study neither validate Gerson's Warburg-based rationale, nor disprove Gerson's idea of host enhancement to challenge malignancy.

Gerson also believed, after Tannenbaum, [Ref 33, 34, 35, 36, 37] that calorie restriction, increased calorie utilization rate, and micronutrient hyperalimentation could favor the tumor bearing host and suppress development of both primary tumors and metastases. In principle, this belief may have withstood the test of time and advances in research. [Ref 38]

A huge general category of micronutrients, phytochemicals, has become the focus of a great deal of basic cancer and chemoprevention research. Clearly, Gerson's treatment provides high, and in some cases extraordinary, doses of many thousands of phytochemicals. However, the literature does not yield practical knowledge of the effects of either individual or combined phytochemicals in human cancers.

Cope [Ref 32, pp. 700-711] wrote that Gerson's salt-and-water management for cancer was an approach which probably led to correction of tissue damage syndrome, i.e. cellular edema caused by poisoning, starvation, hypoxia or physical trauma. He felt that Gerson's sometimes extraordinary outcomes may have been due, at least in part, to this mechanism.

Although it has been suggested [Ref 33] that any benefits conferred by Gerson's cancer therapy may be due in greatest part to its psychosocial impact, this question has never been investigated. It is reasonable that observers assume a mind/body effect, due to the treatment's obvious self-help components, and the CHIPSA medical team's active encouragement of family involvement, even during the patient's hospitalization. Provisions have been made for inexpensive room and board for all companions, often with the patient in a private room, resulting in a very high level of family and support-community involvement.

Fortunately, Fawzy, et al, [Ref 25] recently provided findings demonstrating the positive impact of psychiatric intervention on the 6-year disease-free survival rate of stage I melanoma patients in his treatment system. In his study, 13 of 34 stage 1 controls had melanoma recurrences (10 had died at the time of his report), while only 7 of 34 test patients had recurrences (3 had died). Therefore, the 6-year disease-free survival rate for Fawzy's controls was 62%, while for his test patients it was 79%, a rate similar to the one cited by Balch (above). Comparison with the 100% 6-year disease-

free survival of 14 early stage (localized) melanoma patients in the Gerson treatment system shows a 27% greater survival benefit (0.21 difference in mean). However, due to the small sample size for Gerson patients, a log-rank test for continuity of survival curves (see Figure 3) over the entire study time is below statistical significance, finding only 93% confidence (P = 0.07).

[Figure 3 to be supplied.]

Figure 3. Comparison of survival for psychiatric intervention vs. Gerson's therapy.

Still, especially when seen in the light of stage IIIA, IIIB and IVA melanoma patients in the Gerson system, the complete absence of recurrence in the Gerson patients supports the possibility of a potent physiological effect from Gerson's therapy, in addition to its probable beneficial psychosocial effect.

During the peer review of this paper, a question arose regarding the potential difference between those patients we were able to locate and assess vs. those who remained lost to follow-up. How might lost-to-follow-up patients affected the rates?

To address this issue, we compared the current findings with those tabulated [Ref 41] in September of 1993, at the beginning of our retrospective. After updating its staging system to match the current report, we found that the 1993 analysis included 44 patients in stages I - IVA assessable for 5-year survival. The 5-year rates were as follows: Stages I + II = 100% (n = 12); Stages IIIA + IIIB = 68% (n = 25); Stage IVA = 57% (n = 7). The entire group's average 5-year survival rate was 75%.

14 patients who had been lost to follow-up in 1993 were located and assessed during the last two years. Adding those 14 cases, bringing the number of assessable patients to 58, the rates remain substantially the same (with the exception of IVA where the initial sample size was quite small). The 5-year survival rates including those 14 cases are: Stages I + II = 100% (n = 14); Stages IIIA + IIIB = 67% (n = 30); Stage IVA = 36% (n = 14). The enlarged group's average 5-year survival rate was 67%.

An additional 9 patients who were admitted after August of 1988 but before August of 1990 became assessable for 5-year survival. With inclusion of those cases, bringing the number of patients to 67, the rates remain very similar: Stages I + II = 100% (n = 14); Stages IIIA + IIIB = 71% (n = 35); Stage IVA = 39% (n = 18). With recently recruited patients, the group's average 5-year survival rate is 69%.

There are no statistically significant differences among the average rates (^{2} = 0.786, power = 0.109). We believe that the continuity of findings at various stages of the investigation suggests that the current rates are probably fairly reliable, and that discovery or recruitment of additional patients will probably not alter the average survival rate significantly, barring the recruitment of substantially greater numbers of stage I and II patients.

We were unable to assess a potential survival benefit for stage IVB melanoma patients in this treatment system. While the Gerson treatment provides many clinical benefits to those internally metastasized stage IVB melanoma patients who are able to practice it, these benefits must be measured with validated "quality of life" instruments. Such measurements can only be accomplished through prospective data collection, which is currently ongoing and will be the subject of future reports. Exact date and cause of death data are being pursued by application to the National Center for Health Statistics for use of the National Death Index. We will report findings as they become available.

Clearly, the search for meaningful biological response modifiers, vaccines, and other means of host stimulation may be paramount for the management of advanced, internally metastasized melanoma. In fact, any means of relatively safe tumor debulking must be given serious consideration.

This retrospective is our first effort at assessment of the outcomes of cancer patients moving through the Gerson treatment system as represented by the 20-year old medical team of the Centro Hospitalario Internacional del Pacifico, S.A. (CHIPSA), of Playas de Tijuana, Mexico. It will be the first of many such studies.

The longest surviving melanoma patient in this study has been disease-free for 20 years. 4 patients who were alive and disease free at 5 years (reported alive in this assessment) have died. 3 stage III patients died of recurrent melanoma after the fifth year (1 of them after 16 years). 1 stage IB patient died after 15 years, of prostate cancer, at age 74. 41 patients are alive and free from disease.

While retrospective reviews cannot account for many influences, they clearly can and should be used to describe aggregate outcomes which can stand on their own for purposes of comparison with other groups and treatment systems, and to further the discussion regarding appropriate methods of cancer management. We encourage those involved with other alternative and complementary methods of cancer management to pursue this route.

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Running title: *Survival of melanoma with Gerson's diet therapy*

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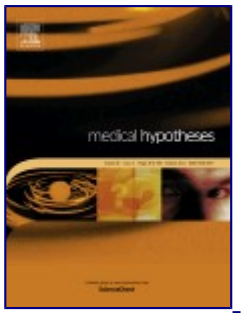

Aldosterone and the Gerson diet — A speculation

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Abstract

The high potassium-to-sodium ratio of the Gerson dietary treatment for cancer can be expected to produce a substantial enhancement of aldosterone levels. The possibility is raised that some tumors may be mineralocorticoid-sensitive, and that host resistance to neoplastic invasion may be enhanced by mineralocorticoids.

There are no figures or tables for this document.

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The Gerson Therapy

by Charlotte Gerson and Morton Walker, DPM (2001) ISBN 1-57566-628-6
http://www.doctoryourself.com/gersontherapy.html

Nutritional Cancer Therapy of Max Gerson, M.D.

It has been said that more people live off cancer than die from it. The Gerson Therapy is a book that can put a stop to this travesty. Here is a very practical, highly detailed guide to the intensive nutritional treatment of cancer and other life-threatening diseases that many would consider to have been impossible to obtain. But thanks to the work of Max Gerson, M.D., and his daughter, author Charlotte Gerson, this knowledge is readily available for all who need it.

Max Gerson cured cancer. He did so with a strict fat-free, salt-free, low-protein, essentially vegetarian dietary regimen, based on great quantities of fresh vegetable juice, supplements, and systemic detoxification. Ms. Gerson explains:

"Dr. Gerson found that the underlying problems of all cancer patients are toxicity and deficiency. He had to overcome both these difficulties. He found that one of the important features of his therapy had to be the hourly administration of fresh vegetable juices. These supply ample nutrients, as well as fluids to help flush out the kidneys. When the high levels of nutrients re-enter tissues, toxins accumulated over many years are forced into the blood stream. The toxins are then filtered out by the liver. The liver is easily overburdened by the continuous release of toxins and is unable to

release the load. Dr. Gerson found that he could provide help to the liver by the caffeine in coffee, absorbed from the colon via the hemorrhoidal vein, which carries the caffeine to the portal system and then to the liver. The caffeine stimulates the liver/bile ducts to open, releasing the poisons into the intestinal tract for excretion."

The Gerson Therapy book consists of nearly 400 pages of treatment specifics, instruction, hints, cautions, recipes, case histories, and references, all held together with an authority that only experience can bring. Some of the blunt, uncompromising statements Ms. Gerson makes are certain to get up the medical profession's collective nose. Too bad for them, for she is right. Charlotte Gerson's entire life has been immersed in healing people, first learning while assisting her father, and later teaching his method to the world. Co-author Dr. Morton Walker is one of my favorite medical writers, and putting these two talents together in The Gerson Therapy was a master stroke.

I personally have seen what the Gerson program can do for a terminally ill cancer patient. I have been called upon to help in a couple of high-profile but last minute cases. One patient was a well-known sports figure. He was given some months to live and was not happy about it, as he was still in his 50's. He asked what his best shot would be for inoperable, untreatable metastasized cancer. I told him: the Gerson therapy. He did it, not in its entirety, but with enthusiasm. And, he lived considerably longer that he was expected to. But what really impressed me was the dramatic improvement in his energy level. >From fatigue and weakness, he went instantly to a vibrant life, commencing from the very week he started the program. He maintained a more-than-full schedule for so long that even people who knew he was sick forgot that he was sick.

Years later, people that never knew of my involvement in the matter would bring up his name, invariably recalling how active he was and how good he looked until, almost as a surprise, he died.

I saw a similar level of success with a prominent New York businessman, the owner of a chain of stores and afflicted with untreatable liver cancer. He began to do much, but by no means all, of the Gerson program, and was subsequently able to extensively travel the world with his family. He lived years longer than expected, with a high quality of life confirmed by all who saw him.

Looking only at these two patients, wanton critics of Gerson's method might think that, without complete and unequivocal cure, there is little to crow about. Such a view is unproductive, for neither of these patients followed the Gerson program completely. It is a tough sell, even to a person with a terminal diagnosis.

Why is this?

Ignorance and arrogance make a bad combination, and "modern" medicine has been guilty of both for decades. Political physicians did not heed Dr. Gerson. In fact, they publicly condemned him. The news media have been their willing accomplices. The misinformation they spew to this day is fraught with fabricated frights of natural therapies, while in the same breath they spew forth the wonders of pharmaceutical drugs. When is the last time you saw a favorable mention of the Gerson program in the newspaper or on TV? Since pharmacological doctors have no sure-fire cure for cancer (an understatement if there ever was one), they might at least back a winning horse. The Gerson approach has been shown, for over six decades, to significantly improve both quality of life and length of life in the sickest, the most hopeless, of cancer patients. Many people have been completely cured on the Gerson therapy.

And the directions are in this book, which costs $17.

I am especially pleased with the open-minded spirit of cooperation which I detect in reading The Gerson Therapy. The authors' awareness of the realities of individual patient needs is well demonstrated with the inclusion of chapter sections discussing unavoidable modifications of the program. Instructions for home self-care, for patients undergoing chemotherapy, and for the treatment of very advanced cases, are all provided. Chapter 17, discussing treatment of illnesses other than cancer, needs to be greatly expanded. Ms. Gerson informs me that she is currently

"preparing a booklet for each disease (including, among others) asthma, rheumatoid arthritis and lupus, diabetes, drug addiction, Crohn's disease, and fibromyalgia. They will start with a general description of the disease, then have a basic outline of how the Gerson therapy deals with it, then the specific description of the Therapy, followed by some dozen of recovered cases... I think each booklet will contain some 30-40 pages." I am looking forward to their early publication. (Update, April 2002: Individual booklets about cancer of the breast, ovaries, liver/pancreas/colon, lymphoma and melanoma are now available for purchase from Charlotte Gerson, 355 Greenwood Place, Bonita, CA 91902. Email Lotte@CharlotteGerson.com)

The present book contains explicit instructions for the administration of the Therapy's controversial but nonetheless crucial liver-detoxifying coffee enemas. (Yes, at body temperature.) The use of castor oil, a thorough listing of which foods to eat (and not eat), how to juice, psychological aspects of therapy, and generally favorable mentions of megadose vitamin C supplementation are also presented. The concise chapter (Chapter 6) on melanoma is extraordinary, easily the best I have read anywhere.

Dosage and rationale for the supplements Dr. Gerson prescribed is the focus of Chapter 11. Potassium, iodine, digestive enzymes, niacin and (by prescription) thyroid, liver extract and vitamin B-12 injections are all covered. Both this chapter, and the "Resources" section of the Appendix, are free of any attempt to market such products, a feature I wish to highlight for special praise.

I liked the inclusion of references at the end of each chapter, and the thoroughness of devoting a chapter to appropriate laboratory tests. And everyone will enjoy reading the success stories in Chapter 21.

In the next edition of The Gerson Therapy, I would like to see detailed charts that summarize exactly what a "Gerson Person" needs to do each day. I recall how helpful such charts were in this book's predecessor, A Cancer Therapy: Results of Fifty Cases. My experience in working with very sick patients and their families is that they are easily overwhelmed with instruction, no matter how vital that instruction may be. Easy-to-read personal itineraries are virtually essential to ensure intelligent compliance with a complex nutritional program. To some extent, this need is met by way of a helpful Summary in the Appendix. However, such information can be presented in greater detail and in a more user-friendly manner, by employing graphics to full advantage.

Some years ago I watched a video tape of a Gerson patients' "reunion." On stage were people from all walks of life, and most were advanced in age. One after the other they spoke of the cancer they were diagnosed with three, ten, or twenty years ago. All were recovered. Dr. Gerson was the reason. You cannot watch such an event and fail to be moved.

A special benefit of The Gerson Therapy is that it is not specifically a cancer treatment. Dr. Gerson saw it as a metabolic treatment, one that cleanses the human organism while strengthening the body's ability to heal itself. Not surprisingly, therefore, the Gerson therapy is effective against all manner of diseases, some 50 of which are listed on page 21.

I am even more interested in the preventive aspects of the Gerson diet. As I write this, I have a cool quart and a half of carrot juice in my tummy. I do not particularly enjoy carrot juice, but I do want to prevent illness. Only time will tell for me personally, but I am going to take a Pascal-like viewpoint: there is no down side to juiced vegetables.

Well, maybe one: some people don't wish to change their diet and lifestyle. Jack Benny, when asked "Your money or your life" made radio comedy history with his answer, "I'm thinking!" To a profoundly sick person, the question might be rephrased, "The Gerson Therapy or your life." Too many persons have died thinking.

Don't be one of them.

"I see in Dr. Max Gerson one of the most eminent geniuses in medical history." Dr. Albert

Schweitzer

To learn more about how to do the Gerson Therapy:

http://www.doctoryourself.com/gersonspeech.html is the transcript of a speech by Dr. Gerson himself. http://www.doctoryourself.com/bib_gerson_therapy.html is a bibliography of published clinical studies showing the demonstrated benefits of the Gerson treatment http://www.doctoryourself.com/bib_gerson.html is a bibliography of all of Dr. Gerson's scientific writings. Review copyright C 2001 by Andrew W. Saul, Number 8 Van Buren Street, Holley, New York 14470 USA Telephone (585) 638-5357

I wanted to look up someone in Charlotte Gerson's book "The Gerson Therapy" who five years ago was found to have esophageal cancer. He did the Gerson Therapy religiously and his cancer shrunk, broke apart, and was eliminated. I was able to find this person through his place of work. I found out he is still going strong. My father died of esophageal cancer. It was wonderful to see that Dr. Gerson's therapy was successful for this man. Kelly kellykebby@yahoo.com

http://www.gerson.org/

The Gerson Therapy Charlotte Gerson is daughter of the late Dr. Max Gerson, M.D. who was well known for his revolutionary nutritional healing therapy for cancer and degenerative diseases. His method is described in his classic book, "A Cancer Therapy: Results of Fifty Cases and the Cure of Advanced Cancer ". Dr. Albert Schweitzer called Dr. Gerson "a medical genius who walked among us". Charlotte Gerson is founder of the Gerson Institute and is a consultant for the Gerson therapy.

The Gerson Therapy has been and is still the most basic, the best recognized, the most complete, and the longest existing effective cancer treatment. Patients on the Gerson therapy also know that they have to stick very exactly to the treatment. Everything you must or must not do has a very important reason. The whole Gerson Therapy is aimed at detoxifying the body and putting lots of fresh nutrients into it. The Gerson therapy is not effective with cancer only. With the Gerson Therapy, patients have seen heart disease, high blood pressure, thyroid problems, lupus, colitis, diabetes, multiple sclerosis, rheumatoid arthritis, herniated disks and many other problems disappear. Some have seen Alzheimer's disease improve if it's not too advanced. The importance of pancreatic enzymes in the Gerson TherapyBefore the body can deteriorate into cancer all the body's defense systems have to be depressed and out of balance. If your pancreas is working properly and if you have adequate pancreatic enzymes, you cannot develop cancer.

Pancreatic enzymes , trypsin in particular, disolve the protective protein coating which covers malignant tissue and makes it impossible for the body's natural immune defenses to recognize the cancer cells as foreign.

Fresh juices and vegetarian meals in the Gerson Therapy

Dr. Gerson gave seriously ill patients fresh juice every hour, freshly pressed, organic, free of poisons, rich in the best nutrients, minerals and enzymes. It is all described in Dr. Gerson's book "A Cancer Therapy: Results of Fifty Cases and the Cure of Advanced Cancer ". "We give a fresh glass of juice every hour: five glasses of apple-carrot juice, three glasses of plain carrot juice and we give liver capsules with it, four glasses of juice from leafy type greens rich in chlorophyll, iron, nutrients, enzymes, everything the body has been lacking over the years.

We also give three full vegetarian meals and a fruit plate every day. By drinking the juice, you get an enormous flooding of nutrients, minerals, enzymes, and vitamins which start to flush out the kidneys. The nutrients go into the tissues, into the cells and force out the poisons, and all those poisons are released into the blood stream. The liver filters them out. You have to help the liver get rid of them, and there is only one way - by opening the bile ducts", and Dr. Gerson did this with the famous and much joked about coffee enemas which is the key to successful treatment.

Gerson Therapy: Excess protein in the diet is carninogenic

Excess protein causes cancer. Especially when it is cooked. Doctors and nutritionists advise you that animal protein is needed for strength and tissue repair, but that is absolutely the worst advice you can get. Researchers at the Karolinska Institute in Sweden found that when any kind of flesh including red meat, poultry, pork and lamb was heated to 212 degrees, whether it was boiled, broiled, fried or baked, the protein in the meat CHANGED into toxic amides that do nothing in your body except provide you with carcinogens.

Cooked meat is strictly a carcinogen. Now if you like meat for the taste, that is a different story, I won't argue about tastes. The latest research done at the University of California at Irvine, showed that children who eat as few as three hotdogs a week had 10 to 12 times higher incidence of leukemia and brain tumors. Sausages are perhaps the worst food. They are chemically treated, dyed and preserved. They have nitrates and nitrosamines.

Potassium versus sodium in the Gerson Therapy

Gerson found that sodium stimulates tumor growth. It interferes with body function. According to Gerson you need high potassium and low sodium, the same ratio which can be found in fresh live foods. All processed foods contain reduced potassium and raised sodium. Sodium is necessary for tumor growth. The Gerson Therapy supplements the body with potassium.

Liver regeneration and the Gerson Therapy

The liver is the most important organ in the body. It is the filtration system for detoxification. I have heard doctors say that if your liver functions up to 35%, you are all right, but when it drops below that, disease develops, whether it is diabetes, cancer, arthritis, lupus or anything else. By the time cancer or chronic disease develops, liver function is below 35%.

So when the tumor, the cancer, arthritis or other disease symptoms are gone, that doesn't mean the body is cured. The body isn't really restored until the liver goes back to its full activity of somewhere between 90 and 100%. We never really know how long it takes to get there, but we can estimate it takes at least 1 1/2 year or 2. If you go back to eating average food right away, the foods you used to eat, candies, ice cream, cheese and meat, the cancer will come back rather quickly because the liver is not able to deal with these things.

Flaxseed oil and the Gerson Therapy

Dr. Gerson found, after observing for a long time, that patients, especially with cancer and also with heart disease, atherosclerosis and so on cannot handle oils and fats, and that is why his book says no oils. Yet he was very much aware that the body needs a certain amount of essential fatty acids and that after deprivation for a year or year and a half, until the tumors disappear, there is a lack of essential fatty acids in the Gerson diet.

He searched and searched and tried every kind of oil he could think of, everything from olive oil, sesame oil, safflower oil to sunflower oil. None of them were usable because in each case the tumors would regrow. Fats stimulate tumor growth. But after the book came out, he came across the work of Dr. Johanna Budwig in Germany who showed that one may use flaxseed oil and that it is well tolerated by cancer patients. It helps to stimulate the immune system, and kills the tumor tissue. He used two tablespoons of flaxseed oil per day - one at lunch and one at dinner, and after a month on the therapy, he cut it down to one tablespoon a day. He advised against cooking with oils. You can't cook with flaxseed oil because if it is heated, it deteriorates and causes problems. So the flaxseed oil must only be used raw and cold.

You can visit the Gerson Institute for more information on the Gerson Therapy.

The Gerson Miracle Cancer Therapy

"I know of one patient who turned to Gerson Therapy having been told she was suffering from terminal cancer and would not survive another course of chemotherapy. Happily, seven years later, she is alive and well. So it is vital that, rather than dismissing such experiences, we should further investigate the beneficial nature of these treatments." (H.R.H. Charles, Prince of Wales)

"I am familiar with the Gerson method and believe that it has a lot of merit. I have always been frustrated that it was not taken seriously and studied intensively as it should be. I think it has a very good track record." (Abram Hoffer, M.D., Ph.D.)

"I see in Dr. Max Gerson one of the most eminent geniuses in medical history." (Albert Schweitzer, M.D., Nobel Prize laureate)

The Gerson Miracle

Review by Andrew W. Saul

"The cure for cancer has been discovered. In 1928." These are the opening words of the new one-and-a-half hour documentary movie, The Gerson Miracle. No one that views it can possibly misunderstand its uncompromising assertions that cancer is curable, and that Dr. Max Gerson repeatedly proved it.

When Max Gerson, M.D., testified before the U.S. Senate on July 1, 2, and 3, 1946, he likely had high hopes of acceptance of his work. No such luck. In 1958, he published all the how-to-do-it details in A Cancer Therapy: Results of Fifty Cases. He died the next year, under suspicious circumstances. http://www.doctoryourself.com/gersonbio.htm

Even today it is necessary for persons seeking Gerson treatment to leave the country to obtain it. As the film's narration says, "Laws in virtually all of the United States prohibit any other treatment of cancer than radiation, chemotherapy and surgery, even though they are usually ineffective at best, and completely ineffective at worst. Chemotherapy, for example, does not cure cancer at all, and usually merely poisons the patient instead of the cancer."

Strong words, those. If Oscar-winning documentarist Michael Moore initially had difficulty obtaining distribution for his Fahrenheit 9/11 movie, you can be sure there will be some hefty opposition to this one.

And yet, the heart of the Gerson therapy is ecological common sense. I think this is why it makes a good subject for film, and why it appealed so to producer/director Steven Kroschel. Kroschel's previous documentary credits include work for the Learning Channel, National Geographic, PBS, and the BBC, as well as contributions to a number of Hollywood features including Straight Up, Vertical Limit, and I Spy. Not surprisingly, Kroschel personally follows the Gerson diet.

The narration continues:

"The soil, and all that grows in it, is not something distant from us, but must be regarded as our external metabolism, which produces the nutrients for our internal metabolism. Therefore, the soil must be cared for properly. It must not be depleted or poisoned Otherwise, changes will result in serious degenerative diseases in animals and humans."

This sounds much like text from any biology textbook that I've taught from.

"Mass-produced, commercially-grown fruits and vegetables are fertilized with only three minerals: nitrogen, potassium and phosphorous," says the narrator. Yet plants "need over 50 more." As a consequence, "the plants are sick, and must be kept on life support with toxic chemicals until market." On the other hand, organic farming methods enable both the plant, and you, to resist

disease. This especially includes cancer.

The film states that the two key factors that are "the underlying cause of cancer are deficiency and toxicity." A radical, organic raw vegetable juice-based diet is proposed as the primary remedy. Why juiced? Because "Dr. Gerson discovered early in his research that fruits and vegetables must be juiced to flood the body with nutrients that have been lacking within the human organism for so very long, sometimes for decades. . . When juice is drunk, it can enter the blood stream almost as fast as alcohol. . . Dr. Gerson required his patients to drink one 8 ounce glass of juice 13 times a day." That amounts to some 20 pounds of produce, yielding "an organic medication straight from the table of Mother Nature."

The Gerson therapy calls for an expensive grind and press juicer, such as a Norwalk. On the other hand, the film states, Norman W. Walker, that particular juicer's inventor and namesake, died June 6, 1985 at the age of 117. All of Max Gerson's brothers and sisters died in the Holocaust.

Now for the second aspect of the Gerson therapy. Drinking such enormous quantities of fresh juice every day "dislodges accumulated body poisons, which are absorbed by the liver, somewhat overwhelming it." Therefore, to help out the hard-working liver, the Gerson approach employs an unusual detoxification technique. "Organic body-temperature coffee administered rectally stimulates the liver's bile ducts to then dump those scavenged toxins into the colon for evacuation." This, the film states, ensures that "the immune system will now have the upper hand" and the patient is more likely to recover.

You will not be disappointed to know that the film does indeed provide step by step directions on exactly how to prepare a coffee enema. Boil 1 quart distilled water, add 3 tablespoons drip ground coffee, reduce heat, and simmer for 15 minutes. Strain and add sufficient water to again have 1 quart. Cool to body temperature, and then introduce eight inches into the colon with an enema kit. Retain the enema for 12 to 15 minutes.

The movie's sound track music chosen to accompany the coffee enema recipe preparation sequence is a performance of Beethoven's Concerto for Violin and Orchestra in D Major by the City of Magenta, Italy Symphony Orchestra. The violin soloist is Francesca Ettorina Dego, Dr. Gerson's great-granddaughter, age 14. Her rendition is excellent.

There is more to the therapy than juices and coffee enemas. "Table salt is a poison," says the narration. Our "unrelenting" use of sodium "causes displacement of potassium found naturally in human cells, leaving them vulnerable to attack by disease." For this reason, debated to this day, Dr. Gerson gave patients on his already very-low-sodium, potassium-rich diet still more supplemental potassium in the form of equal parts of potassium gluconate, potassium acetate, and mono potassium phosphate. Flaxseed oil was the preferred fatty acid source, and was to be "raw and cold" and not to be used for a cooking oil. Pancreatin, acidophilus, and vitamin B-3 (niacin) were also provided supplementally.

The most common criticisms of the Gerson program are that the diet is restrictive and that the coffee enemas are excessive. It is true that the Gerson therapy is an extreme diet, but then cancer is an extreme disease. One extreme may indeed call for another; it takes a lot of water to put out a burning building. Chemical, radiological and surgical extremes are the oncologist's stock in trade. Why not extreme nutrition?

I enjoyed the section of the movie where the camera follows Dr. Gerson's daughter and successor, Charlotte, as she interviews patients under actual treatment at the Gerson facility in Mexico. There, it is said, patients in "as little as two weeks are free from cancer." 35 years after man first walked on the moon, this remains a revolutionary statement, one that may invite either a physician's ridicule or a cancer patient's serious investigation.

Charlotte Gerson, now 82, practices what her father preached. "I cancelled my health insurance when I was 34 years old," she says. "The reason was that I'm not interested in the kind of hospital or

medical treatment that might be covered by insurance, because it's toxic." She says she saved money, plus feels good in the bargain. She is outspoken and emphatic. On camera, she states, "I'm always telling women: 'Wouldn't it be wonderful if you never had to worry about finding a lump in your breast?' But if you eat healthy, that's what happens. Living in this manner, you don't risk cancer."

She is in a position to know, having seen her father's work at close range for so many years. I asked Charlotte about this, and she told me, "My earliest childhood memories of helping my father go back to my playing in our sandbox when I was about five years old. My father's medical office was in the same house where we lived and patients would come to see him there. Many of those were from the agricultural area surrounding the city where we lived, Bielefeld (Westphalia), Germany. The farmers who consulted my father could hardly believe that one could survive in good health without meat and animal proteins. So my father would send for me, a little dirty and full of sand, to show me off. I was sturdy, tall for my age, healthy and rosy-cheeked and presented a good picture of the effectiveness of vegetarian nutrition."

She still does. Filmmaker Steven Kroschel says, "Working with Charlotte Gerson touched me deeply, as she reminded me of my German grandparents and the old fashioned hospitality that went along with it. I have to say that I cannot recall meeting anyone quite as honest, compassionate and giving as she is."

Doctor-vexing patients' testimonials form the backbone of Kroschel's documentary. There are plenty of them. One man with prostate cancer, confirmed by biopsy, decided to go Gerson. After 18 months on the therapy, his PSA was an extraordinarily low 0.06.

Ascites, the abdominal fluid buildup all too commonly accompanying cancer or liver disease, may be reduced by way of the Gerson therapy. One patient interviewed in the film reports a decrease of 8 cm on the first day of the therapy, with 2 cm/day afterwards.

One woman, diagnosed with ovarian cancer and given 6 to 9 months to live, speaks on camera of how she lived not nine months, but nine years and is still in excellent, cancer-free health. Her therapy was the Gerson diet. Three other women she knew, all of whom selected chemotherapy, were, as predicted, dead in nine months or less.

Possibly the most moving testimonial comes from a child, named Stephanie, who was diagnosed with widespread cancer in the kidney, lungs, vena cava and heart before she was even six years old. After conventional treatment had been tried and had failed, she (and her parents as well) embarked on the Gerson program. Asked what she thought of the diet, the girl responded quite frankly: "The food? At first I thought it was kind of weird. But after, like, a week, it started tasting better."

Stephanie, who had been given six months to live, was very much alive over two years later and shown horseback riding. The narration presented her as not fully cured, but "on the road to recovery" to the point that her doctors were "astounded." Stephanie herself described her quality of life improvement as well as it has ever been described: "I've been feeling lots better. I've been having more energy when on the diet. I feel very healthy, and stronger, and much better than I did."

The most skeptical viewer cannot possibly watch the scenes of this lass horseback riding and not be at least a little bit persuaded.

Then there is Pat, a woman with pancreatic cancer which had spread to her liver, gall bladder, and spleen. Throwing up blood, she was diagnosed at age 46, and given 3 months to live. That was in 1986. Pat's bleeding and pain stopped in 10 days of Gerson therapy. After two years of Gerson, a CAT scan showed that the cancer was gone. Pat is now 65.

Hollywood star Michael Landon was similarly diagnosed with pancreatic cancer. He, too, had been given three months to live, and he likewise tried the Gerson therapy. Landon appeared on the "Tonight" show, looking hale and hearty after only a short time on the Gerson program.

Immediately afterwards, the narration says, Landon was warned off of the Gerson diet by his physicians. He abandoned it, and his condition promptly worsened. He later personally telephoned Pat and told her that he "should have stayed with the Gerson therapy." Michael Landon died in 1991.

As a very young man, I made a documentary film about the pollution and proposed reclamation of the Genesee River in Rochester, NY. Excessive camera motion was the byproduct of my limited equipment and poor technique. Although it may be an intentional stylistic tool, I for one would ask that directors of feature documentaries everywhere lose the hand-held camera reality-look and get themselves better tripods than I had.

The Gerson DVD has no menu for chapter selection, and for those wishing to re-study any one of the 30 chapters in this 90 minute feature, a chapter menu would be most helpful.

This film makes no attempt at conciliation nor compromise, with frequent unabashedly in-your-face statements, such as: "The only area of which established orthodox medicine in the US is superlative is in the cost." Another: "The viability of life hinging essentially on what we pour into our cups, and place on our plates, is so simple, and yet profoundly hard to grasp by modern medicine." The film also emphasizes the detrimental effects of all manner of pollution on our internal environment. Mercury-based dental amalgam condemned; Ritalin is ridiculed, as is the Standard American Diet ("SAD"). Even milk-drinking is eschewed by the Gerson approach. "With every meal, we are either digging our own graves with the silverware, or ensuring a healthy and productive life."

There is something in The Gerson Miracle to provoke practically anybody. On the other hand, there is such value in Gerson's therapy to justify the film being seen by everybody.

We have to face the facts: Dr. Gerson saved lives and his methods still do. Here is the very first movie to offer this essential message to a new and ever-widening audience. To say that such a message is somewhat controversial is understatement akin to saying that the Beatles somewhat influenced popular music, or that Citizen Kane was a pretty good flick. Fact is, the Gerson therapy exists. You can say that it doesn't work, but you can also find living, breathing people who will tell you differently. This documentary does exactly that, and this is what documentaries should be doing.

(The Gerson Miracle. 91 minutes; 2004. VHS: 29.95; DVD: $24.95, from Charlotte Gerson, 355 Greenwood Place, Bonita, CA 91902. lg27win@cox.net Shipping is $3, CA residents add 7.5% sales tax.)

Nutritional Therapy for Cancer

Cancer: Food Plan from Physiol. Chem. & Physics 10 (1978)

The Cure Of Advanced Cancer By Diet Therapy: A Summary Of 30 Years Of Clinical Experimentation

Max Gerson, M.D.
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(1978 Publisher's Note. This is a lecture given by Dr. Gerson in Escondido, California, in 1956. Dr. Gerson died in 1959. More complete information on his therapy for advanced cancer may be found in his book A Cancer Therapy: Results of 50 Cases, by Max Gerson, 3rd edition, 1977, Totality Books, Del Mar, CA or from his daughter Mrs. Charlotte Gerson Straus at the Gerson Institute, Box

535, Imperial Beach, CA 92032. Socioeconomic and political perspectives are discussed in the book Has Dr. Max Gerson a True Cancer Cure? by S. J. Haught, 1976, Major Books, 21335, Roscoe Blvd., Canoga Park, CA 91304.)

Abstract:

Thirty years of clinical experimentation has led to a successful therapy for advanced cancer. This therapy is based on the concepts (1) that cancer patients have low immuno-reactivity and generalized tissue damage, especially of the liver, and (2) that when the cancer is destroyed, toxic degradation products appear in the bloodstream which lead to coma and death from liver failure. The therapy consists of high potassium, low sodium diet, with no fats or oils, and minimal animal proteins. Juices of raw fruits and vegetables and of raw liver provide active oxidizing enzymes which facilitate rehabilitation of the liver. Iodine and niacin supplementation is used. Caffeine enemas cause dilation of bile ducts, which facilitates excretion of toxic cancer breakdown products by the liver and dialysis of toxic products from blood across the colonic wall. The therapy must be used as an integrated whole. Parts of the therapy used in isolation will not be successful. This therapy has cured many cases of advanced cancer.

Ladies and Gentlemen: I came here on vacation; I didn't come here for a lecture. I didn't bring anything. So, I wrote down some things since I was asked to tell you first how I arrived at the cancer treatment. It is a funny story.

When I was a physician for internal diseases in Bielefeld [Germany) in 1928, one day I was called to see a lady. I asked her what was wrong with her but on the telephone she didn't want to tell me. So I went there, a little outside of town. Then I asked her "What's wrong?" She told me she was operated on in a big clinic nearby and they found a cancer of the bile duct. I saw the operation scar. She was running a high fever, was jaundiced. I told her, "Sorry, I can do nothing for you. I don't know how to treat cancer. I have not seen results, especially in such an advanced case where there is no longer the possibility of operation." So, she said, "No, doctor, I called because I saw the results in your treatment of tuberculosis and arthritis in various cases. Now, here is a pad and you write down a treatment. On that table over there, there is a book, and in that book, you will be good enough to read to me aloud the chapter called The Healing of Cancer."

It was a big book of about 1,200 pages on folk medicine and in the middle there was that chapter. I started to read. That book was edited by three schoolteachers and one physician. None of them practiced medicine. So they put together that book. I read that chapter. In it there was something about Hippocrates who gave these patients a special soup. I should like to tell you, we use that soup at the present time! That soup from that book, out of the practice of Hippocrates - 550 years before Christ! He was the greatest physician at that time, and I even think the greatest physician of all time. He had the idea that the patient has to be detoxified with the soup and with some enemas and so on.

I read and read but finally I told the lady, "Look, because of my tuberculosis treatment physicians are opposed to me. Therefore I'd like not to treat you." Again she insisted, "I'll give you in writing that you are not responsible for the outcome of the treatment and that I insisted that you do so." So with that signed statement, I thought, all right, let's try. I wrote down the treatment. It was almost the same which I used for tuberculosis patients (1-7) which I had worked out and used at the University Clinic in Munich with Prof. Sauerbruch. After the work at the University Clinic the treatment had been established and had been found effective. (8, 9). I thought that maybe it will be effective in cancer too. It is always written in scientific books that tuberculosis and cancer are both degenerative diseases where the body has to be detoxified. But this latter thought was written only by Hippocrates.

I tried - and the patient was cured! Six months later she was up and around in the best condition. Then she sent me two other cancer cases. One of her family with a stomach cancer where it had been found during an attempted operation that there were metastasized glands around the stomach-

also cured! And I had to cure then, against my will, a third case. I expected to have still more opposition from the medical profession. The third case was also a stomach cancer. It was also cured. Three cases were tried and all three cases were cured!

I have to tell you that up to this day, I don't know how this happened, how I stumbled into that, how this was achieved. At that time I always said that I didn't know why they were cured. I didn't know enough about cancer and it was such a difficult problem to go into. But once it was in my head and in my hands and in my heart, I could no longer separate myself from that problem.

Some time later I was in Vienna. I had left Germany due to the political upheaval at the time of Hitler. There in Vienna I tried six cases and in all six cases, no results-all failures. That was shocking. The sanatorium where I treated my patients was not so well organized for dietary treatments. They treated other diseases by other methods and didn't pay much attention to diet. So, I attributed the failures to that.

Then I came to Paris. In Paris, I tried seven cases and I had three results. One of the cases was an older man. He had a cancer of the cecum where the colon starts, 70 years old. Another case was a lady from Armenia. This was a very interesting case. I had to work against the whole family. There were many physicians in the family, and I had plenty of trouble. But, anyway, I came through in that case. She had cancer of the breast which regrew. Every time the family insisted that she was "so much down." She weighed only 78 pounds. She was skin and bones and they wanted me to give her egg yolks. I gave her small amounts of egg yolks-the cancer regrew. Then they insisted that I give her meat, raw chopped meat. I gave her this and the cancer regrew. The third time, they wanted me to give her some oil. I gave her that oil and the third time the cancer regrew. But, anyway, three times I could eliminate the cancer again and cure. And still I had no idea what cancer was. If somebody asked me about the theory, just what it was I was doing, I had to answer, "I don't really know myself."

Some time later I came to this country. I couldn't get the cancer problem and the cure of the first three cases out of my mind. I kept thinking "It must be possible, it would a crime not to do it." But is wasn't so easy. When I came here, I had no clinic. I didn't even have a license to practice medicine. When I had taken the exams and could take patients, I had to treat them at home and that was hard work. The patients didn't like to obey the diet, to do it at home. They were accustomed to save kitchen time and not to work hard to make all the juices necessary for the treatment as it had been worked out.

Now the treatment for tuberculosis was a saltless diet, mostly fruit and vegetables, vegetables cooked without added water, steamed in their own juices, with a heavy pot, no aluminum. The cover had to be heavy and fit well so that the steam could not escape. Then they had to have most of the food raw, finely grated. They had to drink orange juice, grapefruit juice, and apple and carrot juice. This had to be produced in a special machine-a grinder and a separate press-because I found that in centrifugal juicers or liquefiers, I couldn't obtain the kind of juice which cured patients.

At first, I had thought that liquefiers would be the most wonderful thing. All the material was there, nothing was lost. But it didn't work. Then I found out through a physicist that in the liquefier, in the center, there is positive electricity and in the fluid there is negative electricity. This electricity kills the oxidizing enzymes. And that is also true for the centrifugal juicer and the other apparatus. The juice must therefore be made by a grinder and a separate press - if possible, made of stainless steel. (Editor's note: a masticating juicer, such as a Champion, might also work.)

The patients must drink a lot of those juices. They have to have the Hippocrates soup. I can't go into all the details. The evening would not be long enough for that. But very important for the detoxification are enemas. I felt that the detoxification as suggested in the book of Hippocrates was a most important part.

Finally, I had a clinic. The patients saw that also the more advanced cases and even some terminal

cases, very far advanced cases, could be saved. They brought me more and more of these terminal cases. I was forced into that. On the one side, the knife of the AMA was at my throat and on my back. I had only terminal cases. If I had not saved them, my clinic would have been a death house. Some of the cases were brought on stretchers. They couldn't walk. They could no longer eat. It was very, very difficult. So, I really had to work out a treatment that could help these far advanced cases. (10,11) Again, I was forced into it.

On the need of where to put the emphasis: reading all the literature, I saw that all the scientists treat the symptoms. These, I thought, are only symptoms. There must be something basic behind them. It has to be impossible that there are symptoms in the brain, others in the lungs, in the bones, it the abdomen and in the liver. There must be something basic, or else this is impossible.

Already, through my work with tuberculosis, I learned that in tuberculosis and in all other degenerative diseases, one must not trcat the symptoms. The body-the whole body-has to be treated. But that is easily said. How will you do it? Little by little I came to the conclusion that the most important part of our body is the digestive tract. For all our intake to be properly digested, and for the other organs of the digestive tract to function right and help in the digestion to the end product-and at the same time eliminate all the waste products-all the toxins and poisons which must be eliminated so that nothing will accumulate in our system, I thought that this was the most important thing in the tuberculosis treatment. It must be the same in all the other degenerative diseases, too. And still, up to the present, I am convinced that cancer does not need a "specific" treatment.

Cancer is a so-called degenerative disease, and all the degenerative diseases have to be treated so that the whole body at first is detoxified. In my tuberculosis work again, I saw that the liver plays the important role. It eliminates the toxins from the body, prepares them so they can enter into the bile ducts, and can thus be eliminated with the bile-that is not an easy job. In addition, the liver helps to prepare the stomach juice with the help of the visceral nervous system. The liver helps to prepare the pancreas, trypsin, pepsin, lipase, the digestive enzymes-all that is regulated with the help of the visceral nervous system. The liver has many, many more very important functions. One of them is the reactivation of the oxidizing enzymes as we know through Rudolf Schoenheimer. He did the work along these lines. It would go too far to go into that at this time. It is very important to note that oxidizing enzymes are at a low level of function in cancer patients.

Now let us anticipate the theory. During these years the idea occurred to me that there are two components in cancer which are of particular importance. One is the whole body, the general component. The other is a local one, the symptom. The treatment has to be applied to the general component. When we are able to bring this into balance, the local one disappears.

What is the general component and what does the treatment have to do to bring it into balance? I should like to devote this evening mostly to that question. The general component is the digestive tract and the liver. The digestive tract is very much poisoned in cancer. How can we handle that? Detoxification is an easy word, but it is very difficult to do in cancer patients. These cases, when they are far advanced, can hardly eat. They have no stomach juice, the liver doesn't function, the pancreas doesn't function, nothing is active.

Where do we begin?. The most important first step is the detoxification. So let us go into that. First, we gave some different enemas. I found out that the best enema is the coffee enema as it was first used by Prof. 0. A. Meyer in Goettingen. This idea occurred to him when together with Prof.Heubner he gave caffeine solution into the rectum of animals. He observed that the bile ducts were opened and more bile could flow. I felt that this was very important and I worked out coffee enemas. We took three heaping tablespoons of ground coffee for one quart of water, let it boil for three minutes, then simmer 10 to 20 minutes, and then gave it at body temperature.

The patients reported that this was doing them good. The pain disappeared even though in order to carry through the detoxification, we had to take away all sedation. I realized that it is impossible to detoxify the body on the one hand and put in drugs and poisons on the other, such as sedation

medication - demerol, codeine, morphine, scopolamine, etc. So, we had to put the medication aside which again was a very difficult problem. One patient told me that he had one grain of codeine every two hours and he got morphine injections . . . how can you take these away? I told him that the best sedation is a coffee enema. After a very short time he had to agree with that. Some of the patients who had been in severe pain didn't take coffee enemas every four hours as I prescribed - they took one every two hours. But no more sedation.

After just a few days there was very little pain, almost none. I can give you an example. A lady came to me not so long ago. She had cancer of the cervix and then two large tumor masses around the uterus. The cervix was a large crater, necrotic, producing blood and pus, and the poor lady couldn't sit any more. The condition was inoperable. She had been given X-rays and vomited any food she took in. She couldn't lie down anymore. She could not sit. She walked around day and night. When she came to my clinic the manager told me, "Doctor, you can't keep her here. This moaning and walking day and night is keeping the other patients from sleeping." After four days she was able to sleep with no sedative whatsoever - which had not helped her much anyway. The sedation had worked for perhaps half an hour or so. After 8 to 10 days, she asked me for just one thing: let her omit that night enema at 3 or 4 o'clock in the morning. These patients who absorb the big tumor masses are awakened with an alarm clock every night because they are otherwise poisoned by the absorption of these masses. If I give them only one or two or three enemas, they die of poisoning.

I did not have the right as a physician to cause the body to absorb all the cancer masses and then not to detoxify enough. With two or three enemas they were not detoxified enough. They went into a coma hepaticum (liver coma). Autopsies showed that the liver was poisoned. I learned from these disasters that you can't give these patients too much detoxification. So I told this lady that for one night she could sleep for seven hours-but only for one night. I wouldn't risk more! When I didn't give these patients the night enemas, they were drowsy and almost semi-conscious in the morning. The nurses confirmed this and told me that it takes a couple of enemas till they are free of this toxic state again. I cannot stress the detoxification enough. Even so with all these enemas, this was not enough! I had to give them also castor oil by mouth and by enema every other day, at least for the first two weeks or so. After these two weeks you wouldn't recognize these patients any more! They had arrived on a stretcher and now they walked around. They had appetite. They gained weight and the tumors went down.

You will ask, "How can such a cancerous tumor go down?" That was a difficult question for me to understand. I had learned in my treatment of tuberculosis patients that I had to add potassium, iodine, and liver injections to help the liver and the whole body to restore the potassium. Now as far as I can see this is the situation. At first we give the patient the most salt-free diet possible.(12) So, as much salt (sodium) is removed from the body as can be. During the first days, 3 grams, 5 grams, up to 8 grams a day of sodium are eliminated while the patients receive only about one half gram of sodium content in the diet and no sodium is added.

The patients are given thyroid and lugol solution (lugol's solution is iodine plus potassium iodide) I learned first through the so-called Gudenath tadpole experiment that iodine is necessary to increase and help the oxidation ability. Then we gave the patients large amount of potassium.(12) It took about 300 experiments until I found the right potassium combination. It is a 10% solution of potassium gluconate, potassium phosphate (monobasic), and potassium acetate. From that solution the patient is given four teaspoonsful 10 times a day in juices. That large amount of potassium is introduced into the body.(12) At the same time 5 times one grain of thyroid and 6 times three drops of lugol solution, ½ strength. That's 18 drops of lugol which is a large dose. Nobody was observed to develop heart palpitations from that, even if some patients told me that they could previously not take thyroid because they would develop heart palpitation. And all allergies disappeared! Some patients claimed that they could previously not take one teaspoonful of lemon juice or orange juice - they were allergic. But when they are well detoxified and have plenty of potassium, they are not

allergic. Allergies and other hypersensitivities are eliminated.

When introduced into the system, thyroid and lugol solution go immediately into the cancer mass. These ripe cells take it up fast and they perhaps grow a little faster but they soak in more with great greed - as much as they can - together with a little bit of sodium, probably. But then there isn't much sodium left. So then these cells pick up potassium and the oxidizing enzymes and die by themselves. You have to realize that cancer cells live essentially on fermentation but potassium and oxidizing enzymes introduce oxidation. And that is the point at which we can kill cancer cells because we take away the conditions which they need to continue to live.

But now we have to deal with a mass of dead cells in the body, in the blood stream -and they have to be eliminated wherever they may be. And that is not so easy! The ripe cells, the mature cells are very abnormal. These are much more easily killed than the other cells which are unripe, not yet mature, and not so well developed. And there are other cancer cells in lymph vessels. These are clogged at both ends by cancer cells. No blood and no lymph can reach them. There are cancer cells in the glands. They are hidden there, protected from regular circulation. So it isn't easy to reach these. At first it is only the big mass which killed. But this dead mass now has to be absorbed wherever it is - perhaps in the uterus, perhaps in the kidney, or in the lung, or in the brain - this has to be absorbed. This absorption is only possible through the blood stream. I call this "parenteral digestion." Enteral digestion is in the intestinal tract. Parenteral digestion takes place outside of the digestive tract, through the blood stream. It becomes important then to continually carry on detoxification day and night in order to bring the parenteral digestion to the highest point, even to a "hyperfunction." How can this be done?

I found that in order to bring the parenteral digestion to the highest function, it is necessary to start with the soil. Our soil must be normal, no artificial fertilizers should be used, no poisons, no sprays which go into the soil and poison it. Whatever grows on a poisoned soil carries poison too. And that is our food, our fruit and vegetables. I am convinced that the soil is our external metab6lism. It is not really far removed from our bodies. We depend on it. But our modern food, the "normal" food people eat is bottled, poisoned, canned, color added, powdered, frozen, dipped in acids, sprayed-no longer normal. We no longer have living, normal food, our food and drink is a mass of dead, poisoned material, and one cannot cure very sick people by adding poisons to their systems. We cannot detoxify our bodies when we add poisons through our food which is one of the reasons why cancer is so much on the increase. Saving time in the kitchen is fine but the consequences are terrible. Thirty or fifty years ago (this speech was delivered in 1956) cancer was a disease of old age. Only elderly people whose liver was no longer working well - was worn out-became sick. They contracted cancer when they were 60 to 70 years old and cancer was a rare disease. Everybody knows that. And now four, even going on one out of three dies of cancer. Now in the second generation it is even worse. The poor children get leukemias more and more. There is no country which has so much leukemia as this country (USA), no country in the world. That is our fault. Ice cream is made with invert sugar. Coca-Cola contains phosphoric acid. Is it surprising that children get degenerative disease? These things constitute our external metabolism.

Now let us consider our digestive tract. As part of the digestive tract, the most important thing is that we restore the function of the liver - the tissue and the function of the liver. That is very hard work. We give the patients (including also the tuberculosis patients) liver injections, and since most of these patients need an increase in the red blood cells, we add some vitamin B12. They receive 3 cc of crude liver extract together with 100 mcg of B12. In addition when I found that our fruit and vegetables no longer have the normal content of potassium and not enough of the oxidizing enzymes, I looked for the best source of potassium in the best composition and the best supply of oxidizing enzymes. I found that to be calves liver. But we cannot give the patient calves liver because it contains too much fat and cholesterol. As you know, fat and oils cannot be given Therefore we give these patients freshly pressed calves liver juice, which is made in a special way with equal parts of carrots. Liver alone cannot be pressed. We take ½ pound fresh calves liver (not

frozen) and ½ pound of carrots to make one glass of 200 cc (approx. 8 oz.) of fresh juice. The patients, the far advanced cases, get two glasses a day, even three glasses, and they like it!

All this is done in the effort to restore the enteral digestion. When that functions, we add stomach juice (Acidol Pepsin) and we add pancreatin not coated. The cancer patients cannot digest the coated pancreatin. The pancreatin is given five times a day, three tablets each time. So they always have plenty of trypsin, pepsin, lipase and diastase in their systems. The blood can carry this around and digest the tumor masses wherever they may be.

Now, since I am running out of time, I should like to tell you what we do to prove that this treatment really does work on cancer.(13,14) Number one, the results. I think I can claim that I have, even in these far advanced cases, 50% results. The real problem arises when we cannot restore the liver. Then there is no hope. The liver-the restoration of the liver and its functions-are so important that some of the patients whose livers cannot be restored die some six months to 2½ years later from cirrhosis. Autopsies show no cancer cells in the body. They did not die from cancer. They died from a shrunken liver. Since I give more liver juice and I give more for promoting the parenteral digestion, these cases of a shrunken liver are rare.

I think I could do a lot to improve the results. I do not want to go into the problems that patients face when they go home and the family physician tells them that they need not "eat that cow fodder." Or the family thinks they cannot carry through this treatment because it is too much work as it takes one to one and a half years to restore the liver. The liver cells are renewed in four to five weeks, five to six weeks in older patients. To restore such a liver, you would need 12 to 15 new generations of liver cells. That is 1½ years. But the most important part of the treatment, I have learned, is to give the patients a new functioning liver.

Now, for the proof of this theory. I had the idea to make an animal experiment in which we connected two rats - one cancerous rat and one healthy one. We cut them open along the side and connected a blood vessel, then sewed them together: The blood from the healthy rat circulated in the sick one day and night and cleared up the sick body. Thus we showed that with a healthy normal metabolism you can cure cancer. You can cure the cancerous rat with the healthy body of the normal rat. But we are in the early stages of this type of experiment. There was one patient whose husband wanted to be connected to his wife because of her very poor condition. But she said no, she didn't want to have him immobilized so long, next to her, with extensive nursing day and night. When she was first brought in to me, she had a very bad liver with probably hundreds of metastases, also in the rest of the body. I had told them that I didn't believe I could do anything for her, so the husband had offered his healthy body. But, even as it is, she is still living and improving. At any rate, with this type of experiment we have had no experience on human beings, only on rats.

Our next step to prove the theory was by taking tiny tissue samples from the liver by liver punctures. When time goes on and the patient recovers, the liver shows microscopically and chemically that recovery has taken place. This is done by micro-chemistry. There is an increase of the potassium content and iron, and now we can even trace the content of cobalt.

For ten years, I examined the potassium content in the serum of human beings and I made about 200 curves. But these are not characteristic. On the other hand, if we take a little tissue - a little mucous membrane or muscle tissue with the improvement of the patient, the tissue also shows a return to the normal potassium content. (12) This is of tremendous importance.

Two months ago when I planned to come here for my vacation, the parents of this little boy wrote me and asked me for treatment for leukemia. Here is the little boy. He was treated with blood transfusions, had been 50 and 60,000 white blood count and his red blood count was down to 1,400,000. He lost eight pounds in one week, couldn't eat or drink. I started the treatment about six weeks ago. Since that time, the boy is up and around, he can ride his bicycle, he is active and gained a total of five pounds. The blood count is normal. Lymphocytes are 6,500; hemoglobin is 73; 4,500,000 red blood cells - from 1,400,000! And here is the little boy. (The mother adds: "I want to

tell you doctor, he really likes the liver juice, he doesn't want to eat chocolate!") You see, the liver juice, the children really like it and ask for more. In the clinic where the parents had taken the child, they were told that nothing could be done for him but I feel that now we can save this child. (Applause)

I have here another patient: Mr. Eyerly. Could you come here? Mr. Eyerly came here to see me. He lives in Salem, Oregon. The man had cancer of the prostate and it had grown into the urine bladder. He went to the University Clinic at Portland, Oregon, to a famous urologist. He diagnosed the metastasis into the urinary bladder and said that they could do nothing. Besides, the cancer had grown into the pelvic bones. This was two years ago. The physicians, including the family doctor, all told him that he could live only 4 to 6 weeks, especially since all bones of the pelvis were full of cancer. He looked terribly ill when he came to me. His wife brought him with a nurse. He had made his last will and did not expect to live. Now we cured that. It was especially difficult. I should like to thank his wife. She prepared the treatment with the greatest devotion. She was wonderful and we could rely on her. In a family where there is real devotion in the application of this treatment, we can even save these far advanced cases. Of course, we cannot save all of them but we can save more than we sometimes even consider possible. (Question from the audience: "How long did it take?") In the urinary bladder, it didn't take but a few weeks and there was no longer any blood and pus, nor in the stools either. But in the pelvis there were hundreds of spots, and that takes a long time because the body transforms this cancer first into so-called osteoplastic areas, not an osteolytic process which is bone reducing. With my treatment more bone is produced. The body produces more bone, and then the hypertrophic bone is transformed into normal bone tissue. Then there is no more pain. Now the patient can get around and is even the manager of a company.

By chance I had these two patients here and could show them to you.

Post-Lecture Questions and Answers

Q. Can fibroid tumors be dissolved in the same manner?

A. Fibroid tumors are mostly benign. Benign tumors take 10 to 20 times as much time to absorb as malignant tumors. This goes for adhesions and scars. Fibroid and benign tumors are dissolved only very slowly because they are not abnormal. It is difficult for the parenteral system to bring its digestive powers to bear on these benign tumors. But when they turn malignant, then they are quickly dissolved.

Q. (from a doctor) Dr. Gerson, when I visited your hospital in 1946 your housekeeper was drinking fresh carrot juice. She had had an inoperable cancer of the pancreas. Please tell us about her. She was doing very well for such a bad condition. A. She is living and in good condition now, 10 years later. Q. Is cancer a state of reaction of unrestrained excessive factors of certain hormones working on various degenerated organs or tissues? A. No, I don't think so. There is much more and to answer that question, I have to go deeper into the problem. We have to separate the state of pre-cancerous condition from the state where the cancer appears. In the pre-cancerous condition, all is prepared. The liver is sufficiently damaged and the other organs of the intestinal tract are damaged enough and then later the symptoms appear. Until then we have the pre-cancerous condition and this condition cannot be cured with hormones and enzymes, etc. We can to a certain degree stimulate the liver with hormones. We can stimulate the liver with cortisone. We can stimulate the liver with adrenalin etc., but then we take out the last reserves. We empty the liver instead of refilling it. What we have to do in cancer -a degenerative, deficiency disease- is to refill the organs which are empty and poisoned. Therefore it is almost a crime to give cortisone and the other stimulants which will take away the last reserves and improve the condition for a short while only. Q. Why are all berries prohibited?

A. Some of the patients are hypersensitive, especially in the beginning, against berries which are a little difficult to digest. Therefore I cut them out.

Q. Are tomatoes OK?

A. Tomatoes are OK.

Q. Soy products and soy beans are forbidden. But is lecithin forbidden, which is made from soy beans?

A. Since soy beans contain fats, I had to forbid them. Cancer patients are not able for a long time to digest fats to the end products. When some intermediate substances are left in the body, they work as carcinogenic substances. Therefore we had to cut out fats, oil, and goods containing them for a long time.

Q. What metabolic tests do you do before and after to further prove recovery systematically as well as clinically?

A. I examine in all these case the urine, the complete blood count, basal metabolism or protein-bound iodine, and potassium in serum and tissue. To see how the liver functions, I found it best to examine the end product of the protein metabolism, urea nitrogen and uric acid. When these are normal and stay normal, then I assume that the patient is all right. But potassium in serum does not give a characteristic picture and makes it difficult to judge. The patient can be cured yet the serum potassium still shows low because the tissues take it away. In some of the cancer patients when they arrive as terminal cases, potassium is above normal! One of the physicians asked me once, "Are you crazy? With the potassium above normal, you give such big doses of potassium?" And I said, "Yes, sir, I am not crazy. The patient is losing the potassium. (12) That is how it is increased in the serum."

Q. Is fat-free lecithin OK?

A. Yes. But not in the beginning. After six weeks, fat-free lecithin is OK.

Q. How harmful is coffee as a drink?

A. Coffee as a drink can be used by the patients only when they take the castor oil because coffee increases the motility of the stomach so the castor oil moves more quickly out of the stomach. But otherwise, coffee as a drink disturbs the function of the capillaries and therefore it has to be cut out.

Q. Would not detoxification be advisable in the majority of illnesses? Is this not comparable to what is called "a cleansing program?"

A. We have to detoxify the body in all degenerative diseases, in acute diseases too. But not to the extent as is required in cancer. Even most of the arthritis cases are not so toxic. I found that almost all of the arthritis cases have a weak liver or damaged liver. This is also true of coronary disease.

Q. Are (synthetic) vitamin and mineral supplements OK?

A. No, they are wrong because calcium and many other minerals cannot be added so easily. They bring the system out of harmony. With calcium you can produce cancer. I was forced in three cases of hemophilia to give calcium to bring the blood to coagulate. I did it but the cancer regrew and I lost all three cases. No calcium, no magnesium, no other minerals. I tried it. There must be harmony in our body under the law of totality. One should not change the mineral metabolism, especially not in cancer. Only the two most important minerals potassium and sodium must be balanced. This is the need of the cancer patient.

Q. In John Gunther's book, Death Be Not Proud, mention is made of your treatment as used on John Gunther's son. Spectacular results were obtained at first but then there was a relapse and the patient died. Could you have cured this case without the regular MD's interference?

A. I will tell you why this poor boy died. He had a terrible brain tumor growing out of the skull, larger than my fist. I cured that. It's written in the book. But after that, the boy had an eczema and this eczema was of a special type which can usually be cured by giving the anterior lobe pituitary

extract, a hormone. The family doctor, Dr. Traeger, said, "Why don't you give it to him?" But I told him that this is a terrible risk and I don't like to take such a risk with the life of that boy. When we give the pituitary, like many other hormones we may kill. But finally I gave in and it was my fault. And for a long time after that I couldn't sleep nights. I gave him the hormone and the tumor regrew. I can add to that, that more than 12 years ago now, there appeared an article by a professor in Chicago that cancer patients benefit from administration of sex hormones. I gave it first to three patients, then to five. They reacted well for the first two to three months. Then I gave it to 25 more. They all reacted well for three to four months but after five months they went downhill. I lost 25 of my best cancer cases. Only six I could save again. That was the disaster from the hormone treatment. The Gunther boy was another disaster. That was not necessary. I want to reemphasize that we must not give the cancer patient "a little something" for temporary relief. I learned that the hard way.

Q. Your treatment worked in advanced cases of cancer of the liver?

A. If more than half to three-quarters of the liver is gone, you can't restore its function enough to save the patient. You may save them for half a year to a year, but then the liver may shrink and the patients die of a shrunken liver, cirrhosis of the liver. The liver is such an important organ that when it has to eliminate its own cancer, this has to be done by the healthy liver tissue. But the process of elimination can damage the healthy liver tissue if we don't detoxify constantly day and night, especially in these cases.

Now about three or four months ago a case came to me from Philadelphia. She told me when her son and. brother brought her in that she had suffered from cancer of the rectum. At first the doctors didn't want to operate, then they couldn't. It was too late. Then she spent a half year at the Hoxey Clinic, and then she came home with a liver full of cancer, and hard as a board. I told her son and brother that this was too much, it wouldn't go. Take her home and make her comfortable. But they insisted I must try. And I did. And she is doing well! She can eat and drink, and the anterior part of her liver is a scar, hard as though it were calcified. Probably there is enough liver left. The son asked when they took her home after eight weeks, "You see, why didn't you want to take her?" At least for four weeks, every two hours and sometimes even every hour, she took coffee enema and castor oil enemas twice a day! She had so much gas and eliminated such large amounts of evil-smelling masses. When she left, we had to paint the room. It couldn't be washed off the paint.

(Comment by M.C.: "I may say that I have looked through a lot of these places in a general way. I have been through Dr. Gerson's sanatorium on three different occasions and spent each time eight or ten days. I saw cases come in there by ambulance, on stretchers - just like Dr. Gerson said -hopeless metastatic cancers of the liver, the intestines, with obstructions, getting morphine every three to four hours. To my amazement within ten days these same patients would be walking around, free from pain. I was so amazed I couldn't understand it. It was so incredible that I made my son who was a senior in medical school come back with me to see these things. But it was not only cancer. I saw cases there of other degenerative diseases of all types.")

Q. Is folic acid treatment contra-indicated during treatment of cancer?

A. Yes, (synthetic) folic acid did damage.

Q. Can arthritis be cured by the same treatment which you use for cancer?

A. Yes. The treatment is not specific. It is not a specific treatment for cancer.

Q. How do you account for the fact that many skin cancers and some other cancers can be surgically removed and they never regrow or recur, even though no metabolic changes have been made?

A. Some patients have only temporary damage of the liver and the liver is then able to restore itself. But that is not in a majority of the cases. Sometimes if you remove, say a breast cancer, the removal

of these toxins and poisons which the cancer itself generates is sufficient in some cases to relieve the temporary damage from the liver. Then the liver can recover. But these are the exceptions. And it is not basic. Also some of these patients get recurrences later. Many of my patients, after an initial operation, had stayed well for three or sometimes even five years. Then the cancer recurred. They were inoperable and orthodox medicine was helpless. Q. Would it not be advantageous for the cancer patients to remain permanently on a vegetarian diet for the rest of their lives?

A. That depends on how far the liver can be restored. If it can be restored entirely, after say 1½ years, we tell the patients only to avoid fats and salt. Otherwise they are free. Many of them lead normal lives. But I'd like to say that about 75% like to stay more or less on the diet, and some even convince the other members of their families to stay on it with them. For instance, we have a photograph here in Escondido of Mr. Walter Wagg. He had a 100% incurable disease, progressive muscular dystrophy. He had been in the best clinics and could get no help. I cured him. Then his wife wanted to have another baby and they were able to have one. Later he came to where I was spending my vacation and showed me his wife and the baby. He told me that the whole family sticks to the diet and said he would stay with it as long as he lived since he is in such fine condition.

Q. What can be done for impaired lymph circulation following surgery in one arm for what was diagnosed as cancer?

A. It is very difficult to absorb these scars so that the lymph circulation can be restored, a very difficult task. It takes years.

Q. What is your conception of a prolonged fast or periodical three-day fast?

A. You can't let the cancer patient fast. In the cancer patient the body is so depleted, if you let them fast they go downhill terribly.

Q. What would you consider more important, diet or balanced emotions?

A. The balanced emotional condition is very important but without the diet and the detoxification you cannot heal.

Q. Would Parkinson's disease respond to a treatment similar as that for cancer?

A. What is destroyed in the central nervous system - and Parkinson's disease is a disease of the basal centers - is destroyed forever. But you are able to help the arteries in the brain with the treatment, and you can stop the progression, and you can restore what is not yet entirely destroyed.

Q. Does anemia contribute to cancer?

A. Sometimes it is a pre-condition to cancer, especially a certain type of anemia, not the so-called secondary anemia.

Q. Can too much vegetable juice cause alkalinity?

A. No.

Q. Dr. Otto Warburg advises increased intake of oxygen.

A. Oxygen would not go into the system so easily. You must have oxidizing enzymes, you must have more potassium, you must have the conditions under which oxygen can function.

Q. What vitamins are OK to take with your treatment?

A. With the vitamins we have a similar situation as we saw with the hormones. I damaged patients with vitamin A, vitamin E, vitamin B and B6. Patients get really damaged. Vitamin A and D is picked up by the cancer cells immediately. Niacin we can use, that is B-3. (Editor's Note: the Gerson Diet is extremely high in natural vitamins. Cancer patients are probably very sensitive to overdosage with synthetic vitamin preparations.)

Q. What do you think of deep manipulation?

A. Cancer patients should not be massaged. Rubbing of the skin to open the capillaries and to help the body to stimulate the circulation is very valuable. We give the patient a rub two or three times a day before meals with a solution of ½ glass water with two tablespoons rubbing alcohol and two tablespoons of wine vinegar. To rub the whole body is very refreshing and helps the circulation.

Q. Can a person with a colostomy take the same type of coffee enema as a regular patient?

A. Yes.

Q. What are the principles of the coffee enema?

A. It opens the bile ducts. This is the principle.

Q. How can we prevent cancer?

A. Cancer must be prevented by preventing damage to the liver. The basic measure of prevention is not to eat the damaged, dead, poisoned food which we bring into our bodies. Every day, day by day, we poison our bodies. The older people still have a better liver and resistance from the food they had when they were young. The younger people get worse and the babies, now the second generation on canned baby foods, are still worse. They get leukemias. First of all, eat as much as you can of raw food, keep the potassium level up, and take some iodine.

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GERSON THERAPY: A PERSONAL EXPERIENCE

by Tony Jackson

Diagnosed with advanced cancer in February 2002, I was told that I would probably not have as long as five weeks to live unless I followed the orthodox methods. I did not altogether reject conventional treatment, eventually having surgery for which I was extremely grateful. The biopsy was Dukes C3 staging meant the tumour had burst the colon and had been found extensively in my lymph. My situation was further complicated when blood tests showed I was also Hepatitis B & C positive.

The devastating effects of chemotherapy on friends as well as my sister's suffering as she was subjected to one session after another of experimental chemotherapy to no avail following spread of breast cancer, was instrumental in me choosing against all the pressure, to take an holistic approach combining Gerson treatment with high dose supplementation designed to boost the immune system and create an internal bio-environment detrimental to cancer. Treatment included detoxification procedures such as three coffee enemas a day.

This was an informed choice based on well-documented developments in nutrition and Orthomolecular Oncology, which provides ample evidence and clinical records of people being cured of even late stage cancers by alternative, if controversial methods. I have lost, as I am sure we all have, only too many good friends and family to cancer to realize that conventional answers are not forthcoming. Tumours may be shrunk but Metastasis is the killer. If conventional treatment were so successful why on earth should I and others like me seek elsewhere?

In response to some of the comments made by the medical profession, I would like to set the record straight. The American Cancer Society tells us that there is no reason for coffee enemas to work, that they are dangerous and in extreme circumstances can cause death. Does that mean that cancer is less dangerous and that chemotherapy is a benign treatment, which is always 100% efficacious? As for why they work; coffee contains choleretics, substances that increase the flow of toxin-rich bile from the gall bladder. The coffee enema is among the only pharmaceutically effective cholorectics noted in medical literature that can be safely used many times without toxic effects. Coffee enemas are no less bizarre that mustard gas, which is the origination of chemotherapy.

Costs of the Gerson treatment, we are told, can be high. How much does conventional treatment cost the taxpayer and groaning NHS per patient per annum? According to the Wall St. Journal, 16 October, 2002, over $2 trillion has been spent on cancer research and treatments. Numbers dying from the disease are soaring to plague proportions with one in two projected within the next twenty years. In the developed world it is already one in three. Yet we are constantly being informed that 'the magic bullet is just around the corner.'

"Rather than narrow the research spectrum we have a duty to humanity to throw the door open and explore every single avenue yet alternative treatments are continuously vilified without any honest research into their efficacy. Moves are afoot through current EU
http://www.doctoryourself.com/news/v3n21.txt
and Codex Alimentarius directives http://www.doctoryourself.com/supplement_limit.html
and http://www.doctoryourself.com/news/v2n12.txt,
eventually intended for global implementation, to ban every nutrient that I and others take to deal

with cancer as well as many other degenerative conditions on the basis of being 'unproven,' even though these same supplements have papers published in respectable scientific journals for peer review showing much to recommend them. It is a scandal that this choice is to be removed from mature adults by legislation. Good nutrition is our Common Wealth but modern, chemically saturated, farming techniques, has stripped the soil of essential nutrients, which can only be replaced by nutritional supplementation. Cancer kills its host and the plundering of the earth's resources by the few will do the same.

Dr. Max Gerson was, as Albert Schweitzer said, a genius. As a fellow human being Prince Charles has every right to state an opinion as much as the next man. If his detractors have the answer, then where is it?"

(Doctor Yourself editor's note: Another article by Mr. Jackson on the benefits of the Gerson therapy appeared in the UK newspaper The Guardian, and is posted at
http://observer.guardian.co.uk/review/story/0,6903,1115514,00.html
His email is tjaxon@bigfoot.com.

A search for "Gerson" at http://www.doctoryourself.com will bring you much more information on this important therapy.

Gerson Therapy

Max Gerson, M.D., was a refugee from Nazi Germany who immigrated to the U.S. in 1936 where he practiced the dietary and detoxification therapies he had developed during his distinguished medical career in Germany. He came under severe persecution for his methods by the New York State Medical Society. His methods still are listed under the "Unproven Therapies" blacklist of the ACS, even though his diet for cancer has an uncanny resemblance to the ACS diet, adopted in 1984, which is recommended to prevent cancer — 48 years after Gerson first applied these principles to the treatment of cancer in the U.S.

Gerson Therapy emphasizes fresh, organically grown, raw vegetables and fresh juices made from same. The primary detoxification method is the coffee enema, which allows the liver to relax its drainage system and discharge accumulated toxins. All types of cancers are said to respond and, during his lifetime, Gerson reported a thirty-percent, five-year survival rate for the "incurable" cancers in advanced stages. Gerson Therapy is most effective in lymphoma and melanoma and least effective with leukemia.

I have been **researching alternative healing for cancer** for two years now. I've learned about great books, and great websites. My email is kellykebby@yahoo.com and you can email me any time.

As never before, there is a wealth of information at our fingertips on the Internet and in books. In my search for a natural cure to my own illness, lupus, I have come across a common theme, which is **go back to nature**. The body doesn't want to be sick. It has wonderful mechanisms to heal itself.

Dr. Max Gerson is a hero to me. In the early 1900's, he suffered from migraines. He tried dietary changes, which successfully treated these migraines. Later he applied his dietary regimen to lupus patients in his practice, with great results. Dr. Gerson reasoned that a high intake of potassium-rich foods allowed toxins to pass out of cells much easier. Consequently, a diet high in salt would keep those toxins in. When toxins are in the cell, healing enzymes have trouble getting in. Soon, he was treating cancer patients with his diet, often with remarkable results. This occurred in the 1950s when today's current technology was not available to him. To have achieved what he did at that time makes him brilliant and a true visionary.

My first recommendation is that you start consuming pure organic juices, especially carrot, spinach,

and apple, as well as barley juice (green) powder (barley grass), and wheat grass juice.

These are the things that heal. They flood the body with potassium. They boost the immune system. They send healing enzymes where cells need them most. Cancer cannot survive in a well-oxygenated environment and an alkaline body means that it is well-oxygenated. Foods that produce acid in the body are meats, dairy products, grains, processed and cooked foods, and refined sugar. You alkalize your body by eating raw or only slightly cooked vegetables and fruits. A cancer specialist here told me that vitamin A (like in spinach and carrot juice) can reverse the mutations that lead to cancer (p53 gene), so it would seem that antioxidants might be able to actually "right" your cells.

This info correlates to the Gerson therapy and other raw veggie and fruit juice regimen successes. One would be Rev. Malkmus of Hallelujah acres. He had a big tumor in his colon. He began drinking nothing but carrot juice and barley grass powder drinks and it reversed itself. The tumor was absorbed by the body. I have learned that once people stop putting so much nutrient depleted foods in their bodies with excess hormones and protein, the body starts to digest what is most foreign to it (cancer).

Read books by Max Gerson MD or his daughter Charlotte, they are a must.

A Cancer Therapy: Results of Fifty Cases and the Cure of Advanced Cancer by Dr. Gerson. These are 50 cases of cancer which were reversed by diet. This book was written some fifty years ago, but details well how the body must receive more potassium than salt to detoxify and heal. Doctor Gerson, who wrote the book in the 50's, used raw calf liver as his only animal food, while today it may be prudent to take fresh flax seed oil supplements or cod liver oil supplements instead. Though it was written 50 years ago it could be the most valuable book you ever buy.

Alternative Medicine Definitive Guide to Cancer lists doctors who have been successful using diet and supplements, some intravenous. It lists their actual protocol and results and tells you how to get in touch with their clinics. The people who wrote and took part in this book believe that cancer is a reversible condition.

A Cancer Battle Plan: Six Strategies for Beating Cancer, from a Recovered "Hopeless Case" and A Cancer Battle Plan Sourcebook: A Step-by-Step Health Program to Give Your Body a Fighting Chance, and The Gerson Therapy, by Carlotte Gerson published in 2000. A Cancer Battle Plan is a great beginning book, because it is explains in layman's terms why you need to do all these things, so it is a great companion to Dr. Gerson's book.

To facilitate detoxification and cleansing, most naturopaths would recommend water or coffee enemas given at least twice a day to open up the bile ducts and stimulate the liver. This prevents the contents of the colon from being reabsorbed into the blood stream, with more toxins for the liver to try to eliminate.

While doing these things mentioned above, you can look into these:

pancreatic enzymes (digestive enzymes like lipase, protease, and amylase)
ellagic acid (Raspberry seed)
Graviola powder
Pau d'Arco tea
shark cartilage (Tamahi Calcium is better)
selenium
Essiac tea
The Johanna Budwig diet
Vitamin B17 (nitrilosides)

Vitamin B17, also called nitrilosides, have not really been consumed regularly in America for a long while. In areas where they are consumed year round, the cancer rates are extremely low. Nitrilosides

are found in:

High: wild blackberry, choke cherry, wild crabapple, cranberry, apple seeds, apricot seeds, cherry seed, nectarine seed, peach seed, plum seed, prune seed, bitter almond, broad beans, cassava, alfalfa

Medium to high: elderberry, gooseberry, macadamia nuts, mung beans

Medium: boysenberry, currant, loganberry, mulberry, raspberry, buckwheat, linseed, millet, squash seeds, lentils, Burma butter (lima) beans, alfalfa sprouts, broad bean sprouts, chick pea sprouts, mung bean sprouts

Low to medium: black-eyed beans, chick peas, kidney beans

Low: domestic blackberry, market crabapple, black beans, green peas, U.S. butter beans (lima), shell beans, cashews, beet tops, spinach, watercress, sweet potato, yams and they are found in other foods too... like grapeseeds.

People just don't eat like they used to, seeds and things like that. I recommend that you juice apples and leave the seeds in them. (I am doing this. I have lupus and have a familial predisposition to cancer. Already I have noticed less arthritis when I drink fresh juices and avoid wheat and meat). Vitamin B17 "eats the shield" around cancer cells exposing them to other enzymes that kill these cells. These enzymes are produced in the pancreas. They digest protein that we eat. If we eat excessive animal protein these valuable digestive enzymes are used for those, but if you eat veggie proteins and fast a bit, there will be more pancreatic enzymes in the blood stream to eat up foreign proteins like cancer cells. You can start taking supplements with your food. After the age of 35, people's enzyme production goes down, but you can also get these types of enzymes naturally from raw fruits and vegetables.

There is an ingredient in **Essiac tea** that is said to cause the cancer cell to commit apoptosis or suicide. Essiac tea can be taken during chemotherapy to make you stronger. **Graviola** tree powder and **ellagic acid** from raspberries are said to have this property of causing cancer cell death as well while sparing normal cells. I haven't done much research on Pau d'Arco but I have heard wonderful things about it. It may be even more potent against cancer than Essiac tea.

The Johanna Budwig diet. She was nominated for Nobel Prize 7 times for her discoveries about fats and healing. She has been very successful with cancer. It is also called the flax seed oil - cottage cheese diet. The sulphur compounds in the cottage cheese (or yogurt) bind with the Omega 3 fatty acids and send them all over the body, spreading healing oxygen. These Omega 3 fatty acids are necessary for basic living, hormone production, etc. The American diet is highly deficient in them. Make sure you buy a flax oil product that is bottled under the best conditions.

Six Must Dos, from a speech given by Dr. William D. Kelley. The examples are mine (not a part of Dr. Kelley's speech).

1. Detoxification (juice fasting, enemas, antioxidants, barley juice powder, much more)
2. Nutrition and Oxygenation (flax seed oil, cod liver oil, juice fasting, veggies, fruits, barley juice (green) powder, much more)
3. Immune system building (Essiac tea, vitamins, minerals, antioxidants, shark cartilage, maitake, reishi, shitake mushrooms, juice fasting, much more)
4. Enzymatic Therapy (barley juice powder, greens, more)
5. Mental healing, meditation, prayer
6. Non-toxic natural chemotherapy (ellagic acid, graviola tree powder, Pau d'Arco tea, Essiac tea, more)

I will condense here my suggestions for what is most necessary:

- freshly made juices, vegetable and fruit, throughout the day
- no meat, no dairy products (except cottage cheese or yogurt), no processed foods, no refined

sugar
- supplementation with pancreatic enzymes
- raw foods that contain vitamin B17
- enemas
- Pau d' Arco tea
- flax seed oil

I hope I have helped you with this information. There are cancer survivors who have followed the above protocols and are cancer free. In the most recent book "The Gerson Therapy" there are pictures of actual people, their names and their advice for people who are suffering from cancer. It is not a money-making tool, to teach people how to eat to heal. It is a sad sad thing that has happened to the medical industry in America. There is a Gerson clinic in Tijuana, Mexico. Most of these clinics have been forced out of the U.S. but there are complementary physicians, some possibly in your area who believe wholeheartedly in the natural treatment of cancer coinciding with some traditional treatments. These doctors are found in the Alternative Medicine Definitive Guide to Cancer , across the U.S., the book gives their locations and phone numbers.

Here are websites with information related to what I have written above. I wish you all the best. Please email me if you have any questions. Thank you, Kelly in PA.

http://www.healthquarters.org/
http://www.cancer-prevention.net/
http://www.drkelley.com/CANLIVER55.html#_Toc434239836
http://www.anticancerinfo.co.uk/prevention.htm#foods
http://www.plantmiracle.com/indexeng.php
http://www.holistichealthline.com/
http://www3.mailordercentral.com/hacres/
http://www.pau-d-arco.com/Patent.html
http://www.alternative-treatments.com/alternative-cancer-treatment-medicines.htm

Do I have Cancer?
Cancer Symptoms >
Cancer Types >
Prostate Cancer >
Breast Cancer >
Colon Cancer >
Lung Cancer >
Uterine Cancer >
Ovarian Cancer >
Testicular Cancer >

Healing Strategies

Our Products

Alternative Therapies

What Causes Cancer?

Cancer Healing Strategies

Symptoms of Acidity >
Nutritional Support >
Orthomolecular Supplements >
Orthomolecular Therapy >
Lymph Nodes >
Fats Education >
Essential Fatty Acids >
Calcium Supplementation >
pH Simplified >
Water Science >
Effects of Pharma drugs>
Cancer Tutor >
Pancreatic Cancer >

Cancer Researchers

Budwig Therapy >
Gerson Therapy >
Dr. Kelley Story >
Ralph Moss Reports >
Dr. Russell Blaylock >
Dr. Tim O'Shea >
Darrell Wolfe >
Alternative Healers Speak >
Amateur Research >
WHO Statistics >

The role of follow-up and retrospective data analysis in alternative cancer management: the Gerson experience

Running title: *Retrospective data analysis in alternative cancer management*

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The role of follow-up and retrospective data analysis in alternative cancer management: the Gerson experience.

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Abstract

Objective. Retrospective statistical analysis of the outcomes of melanoma patients treated with Gerson's nutrition-based cancer therapy was undertaken not only to present data to the lay and medical communities, but also to guide critical analysis of the alternative therapy itself. In a previous publication, patients moving through the Gerson treatment system were found to enjoy an overall survival advantage at 5-years when compared to the outcomes reported by other centers. In this publication, Kaplan-Meier life tables were used to demonstrate differences in the outcomes of subsets of Gerson diet patients affected by two variables, complementary use of surgery, and consumption of raw veal liver/carrot juice. Survival rates were higher for patients who employed surgery along with diet therapy when compared with those who did not have surgery. Similarly, survival rates were higher for those who reliably received safe liver juice, than for those whose supplies were interrupted or discontinued due to contamination.

Design. Retrospective analysis was done on a case series of 53 consecutive stage IIIA, IIIB, and IVA melanoma patients admitted to the Gerson cancer management program from 1975 through July of 1990. Follow-up is ongoing.

Setting. Centro Hospitalario Internacional del Pacifico, S.A. (CHIPSA), a 58-bed semi-intensive care hospital located in Playas de Tijuana, Baja California, Mexico.

Patients. This study reports on all self-selecting stage IIIA, IIIB, and IVA (M1-only) adult superficial spreading and nodular melanoma patients who presented for treatment during the time frame. Almost all patients were from the U.S., while several came from other English speaking countries. All were Caucasian.

Intervention. All patients were treated with the nutrition-based cancer management described by Max Bernard Gerson, M.D. It is a salt and water management, restricting sodium and supplementing potassium. It increases nutrient intake while forcing fluids by hourly administration of raw vegetable and fruit juices. Calorie burning is accelerated by thyroid administration, while caloric content of the diet is limited (2,600 - 3,200 cal/day) by a low-fat, lactovegetarian diet. Protein is temporarily restricted. Coffee enemas are administered pro re nata (as frequently as every 4 hours) to improve host nutritional parameters and to relieve pain. The diet-based cancer treatment was developed empirically, i.e. by trial and error, by Gerson alone, over the course of 30 years of clinical

experimentation. It is one of several unique dietotherapies developed by Gerson, stemming from prior successes in nutritional management of tuberculosis and other different pathologies. Several versions of the cancer treatment were published by Gerson. About a third of the patients in this study received the last

version published (Gerson, 1958). Unlike its predecessors, the last version included three glasses/day of a raw veal liver/carrot juice.

Main Outcome Measured. Survival according to two variables, concomitant use of surgery, and use of raw veal liver/carrot juice.

Results. Within the Gerson system, all rTa, T4b, N1, N2, and M1 patients who combined Gerson's cancer therapy with surgical tumor debulking ($n = 32$) achieved a 114% greater (.40 difference in means) 5- year survival rate (75%), a survival advantage double that for those who did not have surgery (35%, $n = 17$). The difference is statistically significant (Fisher Exact Test, $P = 0.013$). This finding contradicted an oral tradition surrounding the diet therapy, and led to a change in clinical practice. During the same evaluation, first a Wilcoxon life test, and then a Cox proportional hazards regression significantly correlated both gender and stage with risk. Although the sample size was too small for the 95% confidence required for strict statistical significance, the Cox regression revealed a 90% probability that entry into the Gerson system after the development of a bacterial contamination problem in veal liver supplies was associated with lower survival rates, especially during the first two years of treatment. A Kaplan-Meier survival plot showing comparative survival curves revealed a sharp drop in 1st and 2nd year survivals for patients admitted after July of 1987. On comparison with the 95% 18-month survival rate of patients who received dependable liver supplies ($n = 19$), those whose supplies were interrupted or discontinued altogether ($n = 16$) achieved only 56% 18-month survival. The difference in mean (.39) is statistically significant, with a 99% probability score (Fisher Exact Test, $P = 0.013$). A thorough cross-analytical comparison of the different versions of cancer management published by Gerson, and the associated literature of the period, revealed the probable cause of increased short term mortality and resulted in a change in the clinical practice of CHIPSA.

Conclusions. Self-selecting adult melanoma patients utilizing Gerson's aggressive nutritional intervention have achieved far better stage-related 5-year survival rates than have been reported elsewhere in the literature. Within the Gerson system, advanced (nonlocal disease) patients who combined surgery with Gerson's therapy enjoyed a more than doubled 18 month-survival rate when compared with those who relied on only non-surgical treatment. At 18 months, patients who received liver juice achieved a 70% greater survival advantage than did those whose supply was interrupted by contamination or discontinued altogether. These outcomes led to changes in clinical practice.

Introduction

The late Senator Sam Irvin remarked during the famed Watergate hearings, "The human being is like the lightening bug, in that we tend to carry our illumination behind us." Recently, in his book *The Death of Common Sense*, Philip K. Howard invoked a visionary statement by Alexis de Toqueville, who wrote, "If the lights that guide us ever go out they will fade little by little as if by their own accord." In their absence, we will "lose sight of basic principles" and will be "only able to make a clumsy and unintelligent use of wise procedures no longer understood." While Toqueville foresaw the dismal ineptitude which can result from the decay of a well-organized system, he might have reminded us that, even when lost in uncharted territory, we can regain our bearings by retracing our steps (and those of our predecessors).

It is fortunate that, even while targeted by an illegal, anti-competitive, AMA-led boycott, Gerson was able to publish a small body of literature chronicling the development and best-case results of his nutrition-

based cancer management. Those publications and a surviving oral tradition have served as the clinical rule book for the medical practice of the Centro Hospitalario Internacional del Pacifico, S.A. (CHIPSA), of Playas de Tijuana, Baja California, Mexico.

Recent dynamically changing circumstances, coupled with surprising retrospective findings, as well as in depth studies of Gerson's publications and the relevant literature of his time, have raised questions, provoked animated debates, and led ultimately to changes in CHIPSA's clinical guidelines and practice. In this paper, we describe our experiences with the hope that they may be instructive to other alternative practitioners who are ready to add a retrospective analytical component to their own practices.

Background

We recently reported[1] stage-related 5-year survival rates for stage I, II, IIIA, IIIB, and IVA patients drawn from a consecutive sample of 153 melanoma patients treated with the nutrition-based cancer therapy proposed by Max Bernard Gerson.[2] To our knowledge, this report was the first published retrospective analysis of survival outcomes for any of the well-known alternative method of cancer management.[3]

For the benefit of this discussion, we will summarize the outcomes as reported in *Alternative Therapies in Health and Medicine* (Sept-Oct, 1995 - *in press*). A 100% 5-year survival rate for stage I and II melanoma patients was seen in the Gerson system (n = 14). This was considerably higher than the 79% 5-year rate found by Balch[4] in his 1992 meta-analysis, but the Gerson sample was a third too small for statistical significance (^{2} = 2.56, P = 0.109).

However, the 100% recurrence-free survival of localized melanoma patients can be seen more favorably in the light of an 82% 5-year survival rate in stage IIIA melanoma patients (any T4a, T4b, or N1) in the Gerson system (n = 17). Stage IIIA Gerson patients experienced a 110% greater (.43 difference in means) survival advantage (^{2} = 9.48 with 1 degree freedom, P = 0.002, Power = 0.887) than did same-stage patients of the Fachklinik Hornheide (n = 103) whose 39% 5-year survival rate is published by the American Cancer Society.[5]

All T4b, N1, and N2 patients (stages IIIA + IIIB) within the Gerson system (n = 33) achieved 70% 5-year survival in contrast to same-stage patients of Fachklinik Hornheide (n = 134), whose 5-year survival rate was 41%. The 0.29 difference in means is statistically significant (^{2} = 7.62 with 1 degree freedom, P = 0.006, Power = 0.802).

Stage IVA (any T, any N, M1-only) Gerson patients (n = 18) experienced a 39% 5-year survival rate. The Eastern Cooperative Oncology Group[6] reported a 6% 5-year survival rate in same-stage patients (n = 194). The .33 difference in means is significant (^{2} = 19.3 with 1 degree freedom, P < 0.0001, Power = 0.997). Survival impact of Gerson's cancer therapy in internally metastasized stage IVB melanoma (any T, any N, M2) was not assessed.

Methods

Over 15 years, from 1975 through July of 1990, 53 self-selecting adult Caucasian melanoma patients assessable for stages IIIA, IIIB, and IVA at admission were treated with Gerson's nutrition-based cancer therapy. Of the 53 cases, almost all were hospitalized by physicians at CHIPSA, while several were treated by physicians in private practice. Medical charts supplied by CHIPSA were consolidated from three earlier

facilities, Hospital La Gloria, Hospital Jardines La Mesa, and Hospital Del Sol, all from the Tijuana metropolitan area. All patients were treated with the nutrition-based cancer management described by Gerson.

In the early part of this century, Gerson was responsible for the introduction of therapeutic sodium restriction[7] into the literature. He developed a salt and water management for cellular edema in refractory cutaneous tuberculosis (*lupus vulgaris*)[8] which was broadly tested and approved by the majority of authors[9] for its curative capabilities. Clarence Emerson[10] of Nebraska's Lincoln General Hospital was the first American author to refer to it as a "metabolic" therapy.

Over the fifty year course of his medical career, Gerson developed a number of unique nutrition-based therapies for management of edemas occurring in various pathologies,[8,11,12] taking into account the widely varying requirements of patients suffering from different diseases. His efforts attracted federal funding for advanced clinical research at the University of Munich.[13] His cancer therapy, which was developed empirically over the course of thirty years of clinical experimentation,[14] was published in several distinct versions.[2,15-17]

The nutritional core of all versions of Gerson's cancer management has remained essentially the same since its first publication in 1945. It is restricted in salt, fat and (temporarily) protein. It supplies very high quantities of many nutrients and phytochemicals, while at the same time forcing fluids, through thirteen hourly feedings of raw fruit and vegetable juices daily. It emphasizes intake of solid foods, mostly vegetables, in addition to the juices.

While at the University of Munich, Gerson concluded that temporary protein restriction aided edema absorption[12] and favored improvement in his patients. In Gerson's cancer diet, protein repletion with nonfat cultured dairy products occurs after at least 6 weeks in most cases. Shorter periods of protein restriction are observed with children and elderly patients.

From the outset, Gerson's medications were clearly aimed at ATP production and enhanced carbohydrate, fat, and protein metabolism, reflecting his clinical application of emerging knowledge regarding oxidative phosphorylation[18] and its special nutrient requirements. Niacin, brewer's yeast, dicalcium phosphate with irradiated ergosterol, vitamins A and D, potassium salts (acetate, gluconate, and monophosphate), liver and iron capsules, and crude liver extract with vitamin B-12 injectable, were given to support cellular energy production. 5 years after the addition of high dose iodine medications (desiccated thyroid and Lugol's solution 5%), raw veal liver/carrot juice replaced yeast, phosphates, and vitamins A and D.

Castor oil, a cathartic with no known clinical side effects, was administered both orally and rectally every other day for many weeks. Retention enemas medicated with boiled coffee were given as frequently as every four hours, throughout the day and night, to alleviate pain and improve nutrition. Peter Lechner has demonstrated statistically significant cancer pain relief from coffee enemas in a prospective matched-control trial at the University Hospital of Graz, Austria.[19] Cope suggested coffee enemas may achieve a crude dialysis across the gut wall[14 abstract] for tumor breakdown products. Lechner has also observed improved tolerance of aggressive conventional treatments in those patients who are willing to employ Gerson's therapy at the same time.[20] The management is generally prescribed for a period ranging from 18 to 36 months, on a case by case basis.

Only two of the patients in this study, both stage IVA 5-year survivors, employed conventional but non-surgical treatments as adjuvants. Both used biological response modifiers: 1 employed interferon for 6 months, and the other utilized levamisole. Several patients whose disease had escaped surgical

management before admission to the Gerson program required one or more additional surgeries during treatment.

Data collection

Data were originally compiled for the above mentioned retrospective survival analysis. For that study, charts were retroactively cataloged to assess stage at admission. Epidemiological services provided by Equifax augmented our own efforts to locate patients, families, or friends. In 1993, the Gerson Research Organization (GRO) began publishing a free newsletter for current and past patients. Patients were invited to join a support network, and encouraged to share the newsletter with any patient, even those not treated by CHIPSA physicians. Several independently treated patients were located and added to the review.

Statistical methods

53 charts of patients with stages IIIA, IIIB, and IVA melanoma were reviewed for both complementary use of surgical tumor debulking and use of raw veal liver/carrot juice. In the comparison of two groups, we used the Chi-square (^{2}). When comparing small samples, we employed the Fisher Exact Test. For most of the above tests, we employed a computer program, *SigmaStat*, by Jandel Scientific Software. Programs were created by one of us (S.C.) to generate Kaplan-Meier survival functions. Survival curves were plotted in Harvard graphics. Wilcoxon life tests, Cox regressions and log-rank tests for homogeneity of survival curves were also used for comparison of data.

Staging criteria used in this report

To enable comparisons of other groups to patients in the Gerson system, we have provided a breakdown of our staging criteria (*see Table 1*). We combined the most utilitarian elements of two similar staging systems, the current international standards of TNM (tumor, nodes, metastases) for melanoma as published by the American Joint Committee on Cancer,[21] and the clearly delineated staging divisions for micrometastases as published by the International Union Against Cancer.[22] Both of these methods incorporate Clark levels (tissue invasion) and the Breslow index (tumor thickness).

In *Alt Ther Health Med*, we proposed the division of stage IV into two parts, IVA (patients with M1 = distant tumors of skin, subcutaneous tissue, and lymph), and IVB (those with M2 = visceral metastases), due to a great difference in 5-year survival rates for those groups in the Gerson system.

Results

Two opportunities for improvement of the clinical algorithm for melanoma were discovered in the process of retrospective epidemiological review of melanoma patients treated with Gerson's cancer management. Both complementary use of surgery and raw veal liver/carrot juice were statistically correlated to patients in the Gerson system whose survival outcomes were better than for those who, respectively, refused surgery, and those whose supplies of liver juice were disrupted by contamination or discontinued altogether.

Complementary Surgery

Within the Gerson treatment system, a number of patients avoided surgery for recurrent melanoma. 49 patients assessable for use of surgery were admitted for metastasized disease at stages IIIA, IIIB, and IVA with T4b (*n* = 1), N1 (*n* = 16), N2 (*n* = 15), and M1 (*n* =17) as their most significant manifestation. Of these, 17 (8 females and 9 males) opted against surgery (N1 =3, N2 = 4, M1 = 10). 6 nonsurgical patients survived 5 years; N1 = 2 (67%), N2 = 1 (25%), M1 = 3 (30%). The average 5-year survival rate for nonsurgical patients was 35%.

32 patients (17 males and 17 females) employed surgery and diet therapy as complementary managements for rT4a (*n* = 2), T4b (*n* = 1), N1 (*n* = 12), N2 (*n* = 10), and M1 (*n* = 7). 24 surgical patients survived 5 years; T4a = 1, T4b = 1, N1 = 11 (92%), N2 = 8 (80%), M1 = 4 (57%). The average 5-year survival rate for surgical patients was 75%. The difference in means (.40), which reflects a more than doubled (114% greater) survival advantage, is statistically significant (Fisher Exact Test, *P* = 0.013).

A log-rank test for homogeneity of Kaplan-Meier survival curves (see *Figure 1*) is also significant (*P* = 0.039). Review of the survivors charts revealed that complementary surgeries were successfully employed both before and during treatment with Gerson's cancer therapy.

Such a clear demonstration of benefit with complementary managements cannot be overlooked, even though it may, as it did in the case of Gerson's cancer treatment, conflict with the surviving oral tradition surrounding the scholarly alternative practitioner's work. Although avoidance of surgery for melanoma is commonplace among patients of alternative cancer practices, it is unlikely that this has come from the physicians. Instead, lay people involved in cancer advocacy groups may advise avoidance of surgery under the mistaken impression that surgery, because it is not curative of most metastasized melanoma patients, therefore has no role in the treatment of that cancer. In fact, it is often asserted that surgery contributes only to formation of the distant metastases. The experience of CHIPSA directly contradicts such advice. Physicians of the CHIPSA medical practice have gained valuable insight into the combined roles of surgery and host management for patients with stages IIIA, IIIB, and IVA melanoma.

Veal liver juice

We started testing the impact of the year of admission to Gerson management with the year 1985, which is about when serious difficulties with contamination and interruption of CHIPSA's veal liver supplies began. A Wilcoxon life test hinted at a possible effect (*see Table 2*) which led to a Cox proportional hazards regression. The Cox regression (*see Table 3*) also suggested that date of prescription was likely to be a significant variable if we were able to locate the point of greatest difference. To visualize this, we created a Kaplan-Meier survival plot comparing the survival curves of different time groups (*see Figure 2*). With the Kaplan-Meier plot run out in Harvard Graphics, it became immediately evident that the greatest difference was in the short term survival outcomes of people admitted at stages IIIA, IIIB, and IVA. During the years 1986 - June, 1987 there were multiple outbreaks of campylobacter sepsis which led to interruptions and finally to discontinuance of raw veal liver/carrot juice. We compared patient groups from three distinct timeframes: 1) patients admitted before 1985, who had a safe and continuous liver supply, 2) patients admitted from 1986 - June, 1987, whose liver supplies may have been contaminated or disrupted and 3) patients admitted after July of 1987, after which time it had become clear that there were no safe supplies of raw liver to be found. At 18 months, the survival rate for pre-1985 patients (*n* = 19) was 95%, while for post-July 1987 patients (*n* = 16) it was only 56% (*see Figure 3*). The .39 difference in means is quite significant (Fisher Exact Test, *P* = 0.013). This comparison was also significant with a Wilcoxon life test (*P* = 0.032).

Discussion

Clinical epidemiology provided the CHIPSA medical practice two illuminating findings: the correlation of both surgery and raw veal liver/carrot juice with higher survival rates in stages IIIA, IIIB, and IVA melanoma. With retrospective data analyses in hand, correction of the surgical problem was straightforward and required almost no discussion among the CHIPSA practitioners. Surgical tumor debulking is expected to considerably improve stage IIIA, IIIB, and IVA melanoma 5-year survival rates, and the physicians are eager to share this information with their patients. However, simplicity was not a characteristic of the problem which was created with discontinuation of the liver/carrot juice: a sharp reduction of the 18-month survival rate for the same stages. Even though the survival curves eventually evened out and ran closer together at the 5-year mark, it was clear that something should be done to correct the serious downturn in short term survivals.

A literature review began with Gerson, and moved laterally to period articles by other authors of note regarding what was then the newly elaborated complex relationship of vitamins and minerals to each other, and within the thyroid-stimulated metabolism, and to the accelerated metabolism itself.

Gerson's entire medical career was undergirded with his contributions to nutritional chemistry and his practical clinical approaches to the management of cellular edema in tissue damage syndrome caused by various pathologies.[23] Restoration, and periodic stimulation, of cellular metabolism/ATP production, was key to his approach, which clearly had become a form of nutritional immunology.

For nearly 10 years, as described in his first publication on cancer,[2] Gerson utilized nutrients then known to lead to greater cellular energy production (phosphorus uptake) in man: brewers yeast (supplying the vitamin B-complex), liver with iron, vitamin A, vitamin C, and vitamin D, as well as large and frequent dosages of B_3. The ability of individual nutrients and nutritional yeast to increase cellular metabolism in human subjects was demonstrated by Basu and De.[24] In the presence of sufficient phosphorus (protein) supplies, supplemental vitamin C increased phosphorus uptake by a third, and vitamin D raised it by half. Both vitamin A and riboflavin independently doubled phosphorus uptake, while vitamin B-complex (from yeast) raised it by more than 400%. Calcium and magnesium requirements tended to increase proportionately with that for phosphorus. The effect of brewers yeast on metabolism may be due, at least in part, to its high ribonucleic acid (RNA) content which aids in the synthesis of mitochondrial proteins.[25] Gerson's own literature[2,15,17] revealed that, for 9½ years (June 1942 - January 1952), he supplemented brewers yeast, liver with iron, vitamins A and D_2, and dicalcium phosphate as an integral part of his cancer diet.

In mid-1946, only about 6 months after first publishing his therapy in *The Review of Gastroenterology* (and about 4 years after recruitment of the earliest of his reported cases), Gerson included iodine medications (Lugol's solution and desiccated thyroid)[15] in an effort to greatly increase cell metabolism and ATP (free energy) production in peritumoral edematous tissue. Efforts by Gerson's contemporaries to introduce preformed ATP into the bloodstream had proved toxic.[26] Stimulation of cellular metabolism by thyroid hormones is now understood to produce rapid increases in nuclear RNA synthesis, to alter the content of lipids and proteins in the mitochondrial shelf membrane, to increase both the size and number of mitochondria and, in turn, to increase cellular metabolism and demand for coenzymes and the vitamins from which they are derived (thiamine, riboflavin, B_{12} and C).[27]

In a number of his publications,[16,17] Gerson discussed the anti-tumor effect of calorie restriction *per se*, which had been demonstrated by many authors,[28] but his diet clearly supplied too many calories (2,600-

3,200 cal/day; 1,200 cal from the juices alone) to be considered calorie restricted. Gerson referred to the observations of Tannenbaum,[29] that calorie restriction, increased calorie utilization rate, and micronutrient hyperalimentation could favor the tumor bearing host and suppress development of both primary tumors and metastases. Silverstone and Tannenbaum[30] had recently shown the potential utility of thyroid medication in cancer management, a measure which Gerson employed, increasing in his patients the ratio of calorie demand:supply, to emulate the anti-tumor effects of caloric restriction. Contemporary research continues to bolster earlier findings.[31,36]

The literature clearly revealed that high dose thyroid treatment induced far greater than normal nutrient requirements, as well as sobering negative experimental outcomes when those requirements were not met. In the absence of vigorous supplementation with either liver or brewer's yeast, prolonged metabolic hyperstimulation by exogenous thyroid led to wasting and premature death in experimental analogs, even in the presence of the known B-vitamins. Yeast protected against early mortality, created increased appetite, and guarded against weight loss. Liver feeding actually led to thriving weight gain.[32] Approximately 5 years after incorporating high dosages of thyroid and Lugol's solution, Gerson added (in about January of 1952) raw veal liver/carrot juice[17 pg 196] which was prescribed at 24 ounces/day in divided dosages, t.i.d. Each glass contained the pressings from ½ pound of liver and about ¾ pound of carrots. At that time, he discontinued medications which were clearly duplicated by the veal liver/carrot juice, e.g. oral phosphates, brewers yeast, vitamins A and D, and liver with iron capsules.

With one eye on the time frame during which the above medications were used (patients admitted from January of 1942 through December of 1951), and the other on the time frame for veal liver/carrot juice (patients admitted from January of 1952 through April of 1956), it became apparent that 31 (62%) of the positive outcomes reported by Gerson in his *A Cancer Therapy: Results of Fifty Cases,* were treated with the earlier version, while only 19 (38%) were treated with the version presented.

With information from the literature of Gerson's time, and supporting evidence from his own literature, CHIPSA physicians were empowered to revise treatment procedures, taking into account the reported results of both versions of Gerson's cancer management. A decision was made to add to the CHIPSA armamentarium primary dried brewers yeast, oral liver extract, and Coenzyme Q_{10}, a vitamin recently associated with extraordinarily positive outcomes in breast cancer.[33] CoQ_{10} is a mitochondrial shelf enzyme pivotal to NADH (niacin) metabolism in oxidative phosphorylation. Even though it was unidentified in Gerson's time, it had been amply supplied to his patients in the large daily required quantities of raw veal liver/carrot juice. CoQ_{10} is only modestly supplied by brewers yeast and liver extracts. The presence of this material in quantity in whole raw veal liver may explain, at least in part, Gerson's strong conviction that the liver/carrot juice greatly improved his patients' responses, and the surprising difference in CHIPSA short term survivals between those who received liver and those who did not.

It has also become apparent that the administration of phosphorus and calcium (essential for phosphorus uptake) along with vitamin D (essential for calcium metabolism) may be more or less required in certain cases to meet the excessive biological demands of thyroid-stimulated metabolism during protein restriction in the early phase of Gerson's treatment. In fact, administration of these materials along with vitamin A, B_{12}, liver and iron capsules, and brewers yeast at levels far above known biological needs was a decade-long epoch in the development of Gerson's cancer management.

From the contemporary viewpoint, the UV irradiated ergosterol (viosterol) used by Gerson as a source of vitamin D to enhance phosphate absorption was probably biologically inactive, its effects being due only to subsequent conversion by the liver and kidneys into active metabolites. Recent advances in

understanding of vitamin D mechanisms have led to materials more effective in aiding gut absorption of phosphorus, e.g. $1,25(OH)_2D_3$, a prescription material. This material is a logical choice to replace viosterol in Gerson's protocol.

Recent findings suggest an important anti-proliferative role in the gut for calcium phosphates,[34] and good absorbability, specifically, of tricalcium phosphate,[35] which may be an additional improvement over materials available to Gerson.

Our discovery, that the 50 cases presented by Gerson[17] in 1958 were treated with two different protocols, was doubly illuminating. First, it illustrated the success of efforts by the American Medical Association to discredit and isolate Gerson. Due to lack of appropriate affiliation and research support, he was forced to rely, with apologies,[17 pg 221] on the antiquated monograph style popular in Germany during the 1930s (the end of the Golden Age of German Medicine), presenting only his best cases even though the situation called for a more modern statistical analysis of all long term follow-up data. Second, read in the context of Gerson's earlier cancer-related publications, *A Cancer Therapy* provided key information for addressing the dilemma of reduced short term melanoma survivals in contemporary practice.

Gerson reflected[17, pp 121-2] on the professional isolation and lack of support he experienced in the USA as a result of the anti-competitive activities of Morris Fishbein's influential American Medical Association. On one occasion, he remarked with chilling candor, "On the one side, the knife of the AMA was at my throat, and on my back I had only terminal cases."[17, pg 406] Gerson's American experience stands out in dark contrast against the brilliant and extraordinary research support which had been afforded him by both the Bavarian and Prussian ministries of health[13] prior to the outbreak of the European conflict. He assessed his predicament bluntly, "In this country, I was not in a position where I could carry out enough experiments to constitute a scientific proof..." The current evidence does nothing to detract from Gerson's legacy. Indeed, retrospective analysis can define current trajectory and predict fruitful directions for the future. The authors are optimistic that the introduction of clinical epidemiology into the CHIPSA medical practice has returned Dr. Gerson's cancer management to an appropriate environment for discovery and growth, i.e. the hands of a medical group engaged in clinical research.

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Table 1. Staging System used for this report (reprinted by permission of *Alt Ther Health Med*).

Stage	TNM	Clark	Breslow	Satellites	LargestRegional Node	In-transit Metastases	Non-regional skin, subcutaneous and lymph metastases	Visceral Metastases	At 5 yearsalive/ deceasedn
IA	pT1N0M0	II	.75mm	-	-	-	-	-	4/04
IB	pT2N0M0	III	.75mm 1.5mm	-	-	-	-	-	7/07
II	pT3N0M0	IV	1.5 4.0mm	-	-	-	-	-	3/03
IIIA	pT4aN0M0	V	4.0mm	-	-	-	-	-	0/11
or	pT4bN0M0	V	4.0mm	Within 2cm of primary	-	-	-	-	2/02
or	AnypTN1M0	-	4.0mm	-	3.0cm	-	-	-	14/317
IIIB	AnypTN2aM0	-	-	-	3.0cm	-	-	-	7/310
or	AnypTN2bM0	-	-	-	-	2cm from pT/ not beyond region	-	-	1/45
IVA	AnypTAnyNM1	-	-	-	-	-	Any	-	7/1118
IVB	AnypTAnyNM2	-	-	-	-	-	-	Any	0/8686

pT = primary tumor

N = node

M = metastases

Clark level of invasion II = in the papillary dermis

III = at the papillary/reticular dermis interface

IV = in the reticular dermis
V = in the subcutaneous tissue

Breslow = greatest thickness of pT

Table 2.

Date Rx	*p* valuelog-rank	*p* valueWilcoxon	# Pts.Before	# Pts.After
1/1/85	.44	.27	31	36
7/1/85	.40	.28	35	32
1/1/86	.77	.59	38	29
7/1/86	.31	.21	42	25

Table 3.

Date Rx	Risk of death/date	Risk of death/sex	*p* valuedate	*p* valuesex	*p* valuestage
1/1/85	104%	274%	.12	.002	NA
7/1/85	112%	279%	.10	.002	NA
7/1/85	90%	218%	.16	.01	.05
7/1/86	86%	238%	.17	.004	NA

Figure 1. Melanoma stage IIIA, IIIB, and IVA survivals for patients who used surgery vs those who refused it.

Figure 2. Comparison of survivals for melanoma patients stage IIIA, IIIB, and IVA treated before and after problems developed with supplies of raw veal liver.

Figure 3. Melanoma stage IIIA, IIIB, and IVA survivals for patients who received safe and continuous liver juice (pre-1985), those whose supplies were repeatedly interrupted by contamination (1985-June, 1987), and those who did not receive liver juice (post-July, 1987).

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Dr. Max Gerson Therapy For Cancer

CLINIC TREATMENT: Do NOT attempt to use this treatment by yourself. This treatment must be used under the direction of cancer experts who are based at a clinic. See the bottom of this web page for clinics which use this protocol. Also see this artice:
Article on Cancer Clinics

How It Works

Gerson therapy is one of the metabolic therapies, using a special diet, plus supplements, and a coffee enema to cure terminal cases of cancer. 90-95% of his cancer cases were far advanced (terminal), and overall his cure rate was about 50%, which is exceptional because he counted all of his patients, not just those who lived for a year or more. This percentage is far higher than current day orthodox treatments and higher than most alternative cancer treatments!!

He stated: *"... this percentage could be higher if there were better cooperation from the family physician, the patient himself and less resistance from the family against such a strict regime.*" (page 33) Apparently some things never change. Gerson is also known for his very high cure rate of tuberculosis, which is caused by a bacteria.

Having said that, there is a reason that Gerson's cure rate might actually be closer to those of Kelley and Binzel, as examples, than surface statistics might imply. Both Kelley and Binzel did not include in their statistics those cancer patients who came to them who were simply too far gone to help. Gerson apparently included everyone.

Note: While this treatment achieved a true cure rate of 50% on advanced terminal patients, and while the best of the alternative cancer treatments today only achieve a 50% cure rate, I do not rate this treatment as a "Stage IV" treatment. There are two reasons. First, his treatment is very complex and his book is very disjointed. But more importantly, the cancer patients sent home to die when he was practicing medicine were in far better health than the ones sent home to die today. Thus, his 50% true cure rate is not comparable to the 50% true cure rates of today, such as cesium chloride and DMSO achieve.

Dr. Max Gerson Therapy

Max Gerson was a medical doctor who used diet and other natural treatments to deal

with cancer. His approach was developed as a combination of trial-and-error methods and a vast amount of reading of the scientific literature.

The theory and implementation of his treatment can be found in his book: **A Cancer Therapy - Results of Fifty Cases and The Cure of Advanced Cancer by Diet Therapy**. This article will be based on the 5th Edition. His book is quite long and at times very technical. Nevertheless, it is recommended reading, especially for those using his treatment. A medical dictionary sitting by your side will be very helpful.

Gerson was well aware of soil issues, the electricity of cells, how cancer cells ferment glucose, oxidizing enzymes, sodium/potassium balance, connective tissue, and many other technical issues related to cancer. His treatment and approach was a "whole body" approach, meaning he did not consider that treating only the localized area of concentrated cancer cells, as orthodox medicine does, is a good idea.

- *"The ideal task of cancer therapy is to restore the function of the oxidizing systems in the entire organism. This, of course, is difficult to accomplish. It involves the following: 1) detoxification of the whole body, 2) providing the essential mineral contents of the potassium group, 3) adding oxidizing enzymes continuously as long as they are not reactivated and built in the body (in the form of green leaf juice and fresh calf's liver juice). This will create a near normal condition of the oxidizing system in the body, to which malignant cells with the fermentation system cannot adapt."*
  Dr. Max Gerson, A Cancer Therapy, 5th Edition, page 7

Gerson was very interested in treating the liver. Several chapters of his book deal with various aspects of the liver. He noted several cancer patients who were cured of their cancer but later died of cirrhosis of the liver (see page 18). In a sense he considered that damage to the liver preceded the metastasis of cancer (see pages 40 and 64). In fact, Gerson saw a parallel between the deterioration of the liver and the growth and progression of the cancer!! Because of his concern for liver problems, he did not favor fasting (see page 74).

One point of focus of Gerson's interest was connective tissue. Quoting Professor Pischinger:

- *"The mesenchym [currently spelled: mesenchyme] consists mostly of connective tissue cells which are distributed all over the body, especially between all organs and tissues. It contains some different types of cells. This tissue was long ignored until a few scientists discovered the importance of this so-called 'filling tissue,' now characterized more precisely as the 'reticular system,' containing the mesenchymal defense and parenteral digestive apparatus. From the pathology we learn that almost every tumor is surrounded by such tissue, and the same tissue also embraces all new cancer establishments.* ***This connective tissue is almost inactive and paralyzed in cancer, incapable of helping or protecting the body any longer in defense or healing.****"*
  Dr. Max Gerson, A Cancer Therapy, 5th Edition, page 120

Gerson comments about this quote:

- *"A number of scientists have tried various methods to stimulate the reticular system as well as the reticulo-endothelial system, which seem to control and regulate the growth of cells. Failure of these systems may cause the uncontrolled growth [of cancer cells], which is a characteristic part of cancer."*
  Dr. Max Gerson, A Cancer Therapy, 5th Edition, page 120

It is unfortunate that Gerson did not know what we know now:

- *"Cancer cells produce and secrete millions of enzyme molecules, which, like scissors, cut collagen and tissue that surrounds cells... Using the same mechanism, cancer cells can settle [in a new location] and start new tumor growth.*
  Dr. Aleksandra Niedzwiecki, Rath Foundation

It is the focus of the Rath Cellular Solution and Osiecki Cancer Technique (for which I have articles on this web site) to protect this collagen matrix from being cut apart by the cancer cell created enzymes. If Gerson had had this technology, his cure rate may have been significantly higher.

A related, and just as interesting, concept in his book is related to the issue of inflammation. To him, the body's ability to create an inflammation to the afflicted area of the body was critical to the treatment of cancer. *"...that slices of tissue, taken from malignant rat tumors or human cancer tissues, are killed fast in an inflammation exudate simply because the specific metabolism of the cancer cell cannot be maintained in those surroundings."* (page 43) *"There is no other way but to kill these [cancer] cells to dissolve and absorb them. I believe the surest way to achieve this end is to restore to the body its ability to produce non-bacterial inflammatory reactions."* (pages 125-127)

In addition to this, he felt the diet should be designed to avoid allergic reactions. *"It became necessary to find means of excluding all allergic reactions as far as possible. We succeeded in excluding the nutritional allergies by adding large doses of potassium and simultaneously applying a strictly saltless diet."* (page 139) Coffee enemas and castor oil treatments were also part of this approach.

- *"[Professor G. von Bergmann stated] Cancer metabolism takes place once the body is no longer capable of producing an active 'inflammation metabolism' ... the cancerous organism is anergic [a lack of normal immunological function] in respect to inflammation."*
  Dr. Max Gerson, A Cancer Therapy, 5th Edition, page 120

I am not sure whether Gerson included this next quote in reference to inflammation or the more general topic of temperature: *"[Professor Lambert concluded] In the tissue culture the cancer cell will be damaged by a temperature of 39 degrees C. and dies at 42 degrees C; the normal cell will be damaged by 43 degree C. and dies at 46-47 degrees C."* (page 45)

It seems that the collagen matrix (a critical part of the connective tissue, and which Gerson refers to as mesenchym), the immunity system, and the ability of the body to create inflammations are all highly related issues.

- *"Connective tissue functions not only as a mechanical support for other tissues but also as an avenue for communication and transport among other tissues. Most significantly, connective tissue is the stage for inflammation. The principal cell types involved in immunological defense are found within connective tissue."*
  http://www.siumed.edu/~dking2/intro/ct.htm

It may be correct to conclude that when the cancer cell enzymes cut apart the collagen matrix, not only does the cancer spread, but the immunity system and the ability of the body to create an inflammation are damaged. In other words, as was said above: *"This connective tissue is almost inactive and paralyzed in cancer, incapable of helping or protecting the body any longer in defense or healing."*

Gerson was very interested in the potassium group of minerals versus the sodium group. He favored the potassium group for treating cancer and his diet absolutely forbid adding any salt to foods. The ratio of potassium to sodium was something he emphasized several times. This, in spite of the fact that some of his contemporaries came to a different conclusion about salt. He probably talked about potassium more than any other single subject. He was also interested in other minerals as well, along with some vitamins.

Gerson was also aware of the electical component of cancer. *"All investigators found that malignant tumors are characterized by a considerable electronegativity in the tissues and fluids."* (page 106) In fact, this is one reason why he was so interested in potassium and other minerals. *"The late G.W. Crile, and his collaborators, M. Telkes and A.F. Rowland, found a decreased electrical polarization and an increased electric conductivity in malignant tumors which may be caused, in my opinion, by the greater sodium content in the growing part of the tumor."* (page 107)

One vitamin Gerson liked was niacin. It *"helps to bring back sufficient glycogen into the liver cells,"* (page 209) open[s] the small arteries and capillaries;" (page 209) and *"raises the electrical potentials in the cells."* (page 209) He also recommended **discontinuing** taking niacin in cases of bleeding. (page 209)

As with Moerman, Gerson was very interested in iodine, a nutrient our FDA has made difficult to obtain in therapeutic quantities. *"Iodine is a decisive factor in the normal differentiation of cells, and can be used in order to counteract the decrease of cell differentiation as seen in the cancerous tissues. Iodine is also regarded as counteracting some adrenal hormones."* (page 32)

Gerson once stated: *"...our modern agriculture decreased potassium and iodine in our nutrition, precisely the minerals essential for prevention of cancer."*

As with several other alternative health practitioners (e.g. Kelley, Hulda Clark, etc.) Gerson required a coffee enema. Generally, his enemas were given every four hours - day and night. However, in cases of discomfort (i.e. flare-ups), they were given every two hours! As he notes on page 236a: *"However, physician must monitor serum electrolytes frequently."*

Gerson had excellent results treating tuberculosis cases. The significance of this is that tuburculosis is caused by a bacteria. His first cancer treatments were essentially

his tuberculosis treatment plan (see page 31). This lends credibility to the theory that cancer is related to some type of parasite, felt now to be a fungi/mould/yeast. Gerson himself discounted the possibilty that cancer was caused by a microorganism (see page 35).

Gerson was also well aware, even in the 1950s, of the importance of organic foods (because general farming practices left the plants without enough nutrients), such as carrots, and the damage done to foods by the way they were processed and packaged. Think how much worse things are today!!

Gerson twice mentioned that his "most drastic" mistake was giving a number of patients "opposite sex hormones," based on the recommendation of another doctor. This mistake caused a number of deaths among his better patients. (see page 219)

Gerson was not a fan of orthodox medicine. He noted that cure rates were the same even after better diagnostic techniques and a myriad of new orthodox treatment protocols (see page 87).

The Diet

The Gerson diet is extremely detailed. It is not just the foods that are included and excluded; it is when the foods are eaten, how often they are eaten, how they are prepared, how not to prepare them, what to cook them in, how to package them, etc. etc.

If someone is going to go on the Gerson diet, I would suggest that before they read the book, they write down (or become familiar with) the diet as presented in pages 236-248 (5th edition). Then as they read the book from the beginning they can compare the comments in the book with the diet itself.

One thing that must be remembered is that the book was written in pieces, meaning at more than one time. Dr. Gerson did not have a word processor, in which he could quickly make changes to old chapters. Thus, the book is a mix of old chapters and new chapters. There is a lot of redundancy and a lot of poor organization. But this is a reflection of the time period in which he wrote the book. It is a large book, and very technical at times.

I have seen testimonials of the Gerson treatment on the internet, however, details were not given of their treatment, except that they apparently drank more carrot juice than his book suggested.

Gerson kept his cancer patients on his diet for at least one and a half years, and frequently two years. *"In more advanced cases it takes a long time, about one to one and a half years, to restore the liver as near as possible to normal."* (page 196)

- *"Another frequent mistake patients make is to feel, that 'a little bit' of one or the other forbidden foods cannot do them much harm. This is an entirely mistaken notion; besides, these 'little bits' tend to become larger and more frequent: they do not fail to produce harmful results."*
  Dr. Max Gerson, A Cancer Therapy, 5th Edition, page 216

Well said, this still applies to cancer diets.

I do not know what changes, if any, the current Gerson clinics have made to his diet. The Gerson Institute, now run by his daughter Charlotte Gerson, can be contacted via this web site (several books can be purchased from this website):
http://www.gerson.org/

Here is a clinic in Hawaii that uses the Gerson therapy and other treatments:
Hawaii Gerson Therapy Retreat

A Documentary on the Gerson Treatment

Here is a description of a documentary on the Gerson Treatment:

- *"Filmmaker Stephen Kroschel sets out to find hard evidence of the effectiveness of the Gerson Therapy, a long-suppressed natural cancer treatment. His travels take him across both the Atlantic and Pacific Oceans, from upstate New York to San Diego to Alaska, from Japan to Holland and Mexico. In the end, he presents the testimony of patients, scientists, surgeons and nutritionists, who testify to the effectiveness of the Gerson Therapy and shows the hard scientific evidence to back up their claims."*

Here is a link to a 10-minute segment of the documentary and the DVD itself:
"Dying To Have Known" Documentary

Supercharging This Treatment

While Gerson put together a wonderful treatment for his day, many powerful anti-cancer supplements have been developed since his diet was designed. Furthermore, many scientific studies have been done which he was not aware of, or were done after his day.

Someone who wants to go on this diet should supplement it with some of the stronger and newer treatments. To see two long lists of supplements that might benefit someone using this diet, see the two major treatment articles:
Treatment For Stage I, II and III Cancer Patients
Treatment For Stage IV Cancer Patients

Site	Key Websites on Gerson Therapy
Gerson Institute	Gerson Institute (Buy/Download Gerson Diet Books)
Gerson Information	Gerson Diet Book (Buy/Download Gerson Diet Book)

Independent Cancer Research Foundation, Inc.

Please email your friends about this site, and link to this site on your web page!

Click here to read the FDA required disclaimer:
FDA Required Disclaimer and Discussion of Key Terms
Click here to read about the CancerTutor webmaster:
About R. Webster Kehr

CANCER TUTOR
Cancer Treatments Without Drugs

Clinics - Alternative Cancer Treatments

About Alternative Cancer Treatment Clinics

Important Announcement About Camelot Cancer Care Clinic !!!

As many of you know, the barbaric Food and Drug Administration (FDA) thugs shut down one of the best natural medicine clinics in the world - the Camelot Cancer Care Clinic in Oklahoma.

Her clinic has been restructured under the name of "American Anti-Cancer Associated Medical" and can be found on this web page (still under construction):
AACAM Medical Website

The AACAM Medical will be offering the former Camelot formula which is slightly revised (obviously no laetrile) and improved, with the addition of pancreatic enzymes and special anti-inflammatory supplements through Dr. Bradford Weeks.

The clinic has set up a **Legal Defense Fund** to help it keep its employees intact and fund their legal defense. **They need funds!!**

Contributions can be made by emailing Maureen Long at:
info@camelotcancercare.com

Or contributions can be made to:
Camelot Legal Defense Fund
7208 East 65th Place

Tulsa, OK 74133

Notice #1: If you want to see interviews with several of the doctors who run alternative cancer clinics around the world, a new movie ("Cancer is Curable Now!") has such interviews.

The first half of this two-hour, professionally done movie, is mainly about nutrition and the importance of a strong mental attitude. These are very important subjects!! The second half of the movie includes interviews with several clinic practioners and others. They discuss their treatments and cancer theory. This movie is excellent for its information and to convince skeptics about the power of Mother Nature:
Movie: Cancer is Curable Now!

Notice #2: Even if you use a clinic for your main cancer treatment, you will still need to use a home treatment when you get home. The reason is that it is impossible for a clinic to rebuild a person's immune system in three weeks.

Most clinics will send a cancer patient home with a list of treatments to use at home. The "home treatments" mentioned on this Cancer Tutor website are far stronger than the clinic home treatments. This is because our home treatments were desgined for people who have not gone to a clinic. Study this article:
Preventing Cancer From Coming Back

Notice #3: This website lists clinics from around the world. You would be amazed at how many countries allow some form of alternative medicine clinics:
Clinics Around the World

Notice #4: A service that is used to provide funds for those with terminal illnesses is available for cancer patients who are considered "terminal." This service if not a loan and does not need to be paid back.

This is a critical service because it allows patients to afford the strongest of the alternative cancer treatments, whether home and/or clinic. In addition, the funds can be used to allow the family to spend high quality time with the patient or for any other reason!!

See this article for more information:
How To Fund A Treatment

Notice #5: "Health" insurance companies (i.e. they should be called "prescription drug" insurance companies) will gladly pay $350,000 for a cancer patient to use worthless orthodox treatments, but **insurance companies will not pay $7,000 to**

$30,000 for an alternative cancer treatment which is 30 times more effective!!

However, an organization specializes in getting health insurance companies to work with those who choose alternative cancer treatments. They have helped many cancer patients who were treated for cancer around the world, including Germany, Mexico and the United States, and other countries. No matter what clinic you choose it is worth your time to give them a call. Here is their website:
Global Billing Services

Resources To Pick the Best Alternative Cancer Clinic

German cancer clinics are allowed to use treatments which are effectively illegal in the United States because they cure cancer. Foremost among these is hyperthermia or EHT (Electro-Hyperthermia). This is an excellent treatment especially when it is combined with low-dose chemotherapy. Hyperthermia allows low-dose chemotherapy to target and kill the cancer cells, thus the chemotherapy does no harm to the patient.

German cancer clinics, which use alternative treatments, also use a host of other treatments. But the main advantage to going to Germany for treatment is the atmosphere in the clinics. It is like living in a "Bed and Breakfast" during the treatment. They take care of the "whole person," including psychology, attitude, and especially the cancer.
Book: Best German Natural Clinics Info

In past years the Mexican cancer clinics were not taken very seriously. Those days are over forever. Many of the Mexican cancer clinics are world-class (whether they use American or native doctors) and use treatments which are not used anywhere else in the world.
Book: Best Mexican Natural Clinics Info

There is also a book on alternative cancer clinics in the U.S. Because of FDA persecution and AMA persecution the American clinics are severely restricted in what treatments they can use. But make no mistake about it, some American clinics are world class.
Book: Best U.S. Natural Clinics Info

Making the Patient "Whole" Again

As mentioned in the "Understanding" article (which you should have read), the "root cause" of cancer can be vaccinations, injuries, trauma, etc. which leads to a weak organ and ultimately to a weak immune system, etc.

Only one organization in the world can track down the original cause of the cancer and the intermediate chain reactions. This is important not just in picking the right treatment for the cancer, but also for restoring the patient to being "whole" again; meaning the weak organs, etc. are made whole.

That organization is the Ed Skilling Institute. While the Ed Skilling Institute is best known for the Photon Genius, they also offer a service that is headed by a medical doctor, Dr. Hayle Aldren, M.D. Dr. Aldren, and other medical doctors at the Skilling Institute, can do blood analysis and study questionnaires to determine what steps caused the cancer. By doing this the patient can pick the best cancer treatment for their situation, and know what other steps to take to restore the patient to being whole again.

In other words, even if you choose a clinic you will need to deal with the root cause of the cancer.

Here is the Ed Skilling website:
Ed Skilling Institute

A Consultant Who is An Expert in Clinics

Particularly for those traveling outside of the United States, Frank Cousineau has been visiting cancer clinics for more than 30 years. Beyond a doubt he is the world's leading expert on cancer clinics. He is the author or co-author of at least two books which focus on clinics. He does consultations to help cancer patients pick the best clinic for their situation. Here is his website:
Frank Cousineau - Consultant [Click: Contact Us]

Endorsed Alternative Medicine Clinics

Clinics	[**] Highly Endorsed - [***] Recommended For Weak Patients
Camelot Cancer Care [**] **[Raided by FDA: Availability Unknown]**	M.D. - DMSO based: Vit. C, 3 botanicals, etc. (Tulsa, Oklahoma) (Read their FAQ Before Contacting)
Osage Natural Health [***]	N.D. - Photon Genius, Ozone, etc. - Weak Patients (Arkansas)
Integrative Medical Center [***]	M.D. - Low Dose Naltrexone / ALA - Weak Patients (New Mexico)
Natural Healing Center [***]	D.C. - Photon Genius, Hyperbaric, High RF Freq., etc. (South Carolina)
Home For Health [** 1/2]	GB-4000 (Amplified), Ozone (multiple methods), PolyMVA, etc. (Kentucky)
Nevada Center [**]	M.D. - Ozone, Hydrogen Peroxide, IPT, etc. (Carson City, Nevada)
Life Works Wellness Center [**]	M.D. - IPT, Ozone, High Dose Vit. C, Pulsed Magnetic Field, etc. (Clearwater, FL)
EuroMed Foundation [**]	M.D. - IPT, Hyperthermia, Ozone Steam, etc.

	(Phoenix, AZ)
Gerson Institute [**]	Original Gerson Clinic / Mexico or San Diego, California
Utopia Wellness [**]	M.D. - Wide Range of Holistic Protocols (Oldsmar, Florida)
Nature Works Best [**]	N.M.D. - Cesium Chloride, High Dose Vit C, DMSO, etc. (Tempe, AZ)
Enlightened Medicine Center [**]	N.M.D. - Photon Genius/Genie, Botanical, IV Therapy (Cottonwood, AZ)
Riordan Clinic [**]	M.D. - PolyMVA I.V., UVBI, High Dose Vit. C (Wichita, Kansas)
Linchitz Wellness [**]	M.D. - Insulin Potentiation Therapy (New York)
Mexican Clinics	Website With Information on Multiple Clinics in Mexico - Mexico
Hyperthermia Society	Long List of Hyperthermia Clinics Worldwide (Many in U.S.)
Site	**Individual Clinics -- [*] Endorsed**
Medicine of Hope [*]	IPT, DMSO, Ozone I.V., H2O2 I.V., many other treatments (Mesa, Arizona)
Dr. Donato Perez Garcia [*]	IPT, clinic of Dr. Donato Perez Garcia (Tijuana, Mexico)
American Metabolic Inst. [*]	American Metabolic Institute (Tijuana, Mexico)
Oasis of Hope [*]	M.D. - Oasis of Hope - Ozone, Laetrile, etc. (Tijuana, Mexico)
Hallelujah Acres [*]	Retreat for Raw Food / Greens Treatment (North Carolina, USA)
Cure Foundation [*]	Hoxsey Clinic / Treatment (Mexico)
Reno Integrative	Homeopathy and other approaches (Reno, Nevada)
An Oasis of Healing	M.D. - An Oasis of Healing - IPT, Simoncini, etc. (Mesa, Arizona)
Hope 4 Cancer	Electromedicine, Alkaline Therapy, many other treatments (Tijuana)
Hawaii Gerson Therapy	Gerson Therapy and other treatments - Hawaii
Roy Hansen, D.C.	American doctor: ionized baths, ozone I.V., herbs, diet (Mexico)
Dr. Rowen and Dr. Su	Two M.D.s that will work with you. They offer treatments (Santa Rosa, California)
Paul Stallone, N.M.D.	Arizona Integrative Medical Ctr, ozone I.V., DMSO/H2O2, etc. (Scottsdale, AZ)
ITL Cancer Clinic	Immuno-Augmentive Therapy (Cancer vaccines), etc. (Bahamas)
Immune Recovery Clinic	Restoration of the immune function (Atlanta, Georgia, USA)
Immune Recovery and Wellness	Immune building and other treatments (Tucson, Arizona, USA)
Rudolf Steiner Health Center	Community Supported Anthroposophical Medicine (CSAM) (Michigan, USA)
Goddess of Amazon Clinic	Bio Magnetic Resonance and Many Other Protocols (Amazon - Peru)
Robert B. Wickmen, DO, ND (no website)	Nervous system, spine, plus cancer: Email: Rbw66_2000 (Yahoo email) - Ecuador

Site	Individual Clinics -- Outside the Americas
Hope Clinic	Wide range of treatments - Australia
Natural Therapy Center	Natural Therapy Center (NTC) - Cyprus
Humlegaarden	Well known, alternative therapies and chemotherapy, when needed - Denmark
Nihaw Akupunktur Klinik	Traditional Chinese Medicine, GB-4000 M.O.P.A. - Denmark
Life Clinic	Experts in the Kelley Protocol - Hong Kong
Mr. P. A. Deshpande	India practitioner - Various wheat grass, aloe vera, etc. - India
Sibia Medical Centre	Cytotron - Rotational Field Quantum Magnetic Resonance - India
The Cure Planet [*]	Wide Variety of Western and Eastern Treatments - India
Dr. Herzog's Special Hospital [**]	Hyperthermia Hospital in Bad Salzhausen - Germany
Dr. Chris Teo	Various Herbal and Other Treatments - Malaysia
Ozone RHP Clinic	Ozone RHP Clinic - Contact via linked website - Malaysia
Healing Institute Of Asia	Vitamin C I.V. Primarily - Philippines
Institute Santa Monica	Wide range of treatments - Poland - in Polish
NutriTherapy	NutriTherapy Clinic - Excellent Treatments - South Africa
Boa Bab Cancer Retreat	Cellect-Budwig, Photon Genius, Nutritional, etc. - South Africa
Budwig Center	Budwig Protocol and other approaches - Spain
Medicana International [*]	IPT, DMSO, Hyperthermia, IV Vitamin C, etc. - Turkey
Osmanoglu Hastanesi [*]	IPT, DMSO, Hyperthermia, IV Vitamin C, etc. - Turkey

Other Websites

Site	Sites That Link to Multiple Clinics
Cure Foundation	Perhaps the Most Current List of Clinics Worldwide
American Clinics	CanCure.org List of American Cancer Clinics
Mexican Clinics	CanCure.org List of Mexican Cancer Clinics
German Clinics	CanCure.org List of German, etc. Cancer Clinics
Cancer Control Society	Bus Tours to Clinics in Tijuana (use Google to search for other tours)
Whale.To	A Huge List of U.S. and Foreign Clinics
Fountain of Life	Clinics Worldwide (May Overlap the Cure Foundation List)
Life Extension Foundation	List of Clinics by Type of Treatment
Vita Viva	Worldwide Clinics (Not in English)
Noah Health	List of Treatments/Clinics (Partially an Orthodox Site)
Positive Health	A Few Cancer Clinics (Click on: "Therapists" Button)

Site	Associations
AANMC	The American Association of Naturopathic Medical Colleges
NYAMP	New York Association of Naturopathic Physicians

Articles on Some Clinic Treatments (With additional clincs)

Insulin Potentiation Therapy

Insulin Potentiation Article and Clinics

Intravenous Vitamin C

Intravenous Vitamin C Article and Clinics

Ozone

Ozone Methods Article and Clinics

Gerson

Max Gerson Treatment Article and Clinic

| Español

BUDWIG CENTER

"Learn about our unique methods that induce the natural remission of cancer and other illnesses"

Download FREE Our Budwig Diet Guide

** Includes Recipes

Our Staff can serve you in English and Español



Alternative Cancer Treatment

Note: All Medical advice, therapies, diagnosis, recommendations, consultations are conducted by a qualified Medical Doctor of the BioMedic Clinic associated with BUDWIG CENTER.

The Dr. Johanna Budwig Natural and Holistic Complementary Cancer Treatments Program

Dr Johanna Budwig treated all types of cancer, such as breast cancer, lung cancer, brain cancer, prostate cancer, Bone cancer, Carcinoma, bladder cancer, cervical cancer, esophageal cancer, stomach cancer, Leukemia, Hodgkin's disease, skin cancer, etc., and other common serious illnesses.

The entire purpose of our approach teaches you how to correct the DNA production of cells. When a person has cancer or some other disease the cells now have damage to them and each day the body produces some an estimated 500 million new cells. These 'new cells' are a mirror image or 'photocopy' of the original cells.

If the original is damaged then the copy will be damaged or lacking as well. That is why we need to correct the 'original document', the DNA. Otherwise it will keep on producing millions and trillions of defective 'copies'.

The Flaxseed oil and cottage cheese of Dr. Johanna Budwig as well as the ultra high nutritional formula **TRICAN®** corrects the original "document" or DNA of the cells with a blast of ultra high nutrition. That way the DNA will now start producing healthy cells instead of distorted and diseased cells. That is the real solution to cancer and disease.

In other words we want you to "get on top of the cancer" as soon as you reasonably can, before it gets on top of YOU!!

With cancer there is never even a day to waste. **This "fast track" potent anti cancer protocol that we will explain to you, when followed properly to date has been reported to have an 80% - 93% success rate** (based on the published results of Dr. Budwig and our years of helping countless people with cancer). We do not have a "one size fits all" approach. The first thing we do is a 'total body scan' right from the beginning using our high tech energetic VEGA testing device. VEGA test is the best of German technology that offers the most accurate diagnosis that will pinpoint exactly "why" you have this illness and the "original" cause.

The **VEGA Testing device** of BIO MEDIC CLINIC will determine if your illness is caused by hormonal imbalance, or nutritional deficiencies, negative emotional trauma, dental problems, congested liver/gallbladder/kidneys, chemical or related to an accident and/or some of all these factors.

Apparently there are some 350 natural anti-cancer remedies being offered on the Internet. Some have reported excellent results using some or several of them. However selecting at random remedies here and there is really just a 'guessing game' and when a person has cancer or some serious disease, there is no time to waste with a 'trial and error approach'. Not only does it get expensive but one's very life is at danger. Even most clinics have a sort of "box of remedies" they use on everyone who has the same basic type of cancer or illness. However we are all unique, no one is exactly like you. Your fingerprint, blood, DNA, etc., is exclusive to you. Therefore as each body is different and the causes of the disease vary (sometimes emotional factors are more the cause than physical) the BIO MEDIC CLINIC will test and prepare a 'personalized' program based on what our VEGA full body scan says your body needs to heal. We believe this very personalized approach is the "medicine of the future" and that is why we have such outstanding positive results.

Once we know what the "cause" of your illness is then we can go from there. The body is a "whole" and treating just a tumor or a headache or arthritis in one area and not correcting the other organs, emotions, viruses, harmful bacteria, parasites, bad teeth, circulatory system, etc, etc, the healing cannot really take place.

People who take only part of the program and mix and match with other programs usually do not get such good results. Our approach is much like a fine tuned watch that needs all the parts and requires an accurate adjustment to work right. The combination of ultra high nutrition, selected anti-cancer herbs and foods, in the right proportion as well as cleansing and detoxifying the body is the key. With Cancer or any serious illness one does not have time to "reinvent the wheel" and "experiment" with several different "remedies". Using a time test approach that combines several successful holistic approaches in the field of alternative medicine clearly puts one in the best possible position to eventually be able to say **"Now it's Cancers Turn to Die!"**.

THE BASIC CAUSE OF CANCER

Cause No 1 – Dr. Royal Rife was a microbiologist who knew that cancer was caused by very unique viral microbes which were inside of cancer cells. Dr Rife called them BX and BY cancer viruses. Research has also established that Helicobacter Pylori (often found in the stomach) can be another cancer-causing microaerophilic bacterium. Therefore the BIO MEDIC clinic will recommend a therapy that will effectively de-vitalizes cancer causing pathogens (parasites, fungi, bacteria, and viruses).

Other contributing causes of cancer: Nutritional (Mineral) deficiency - Research and countless testimonials indicate that all illnesses including cancers are the result of a nutritional deficiency, especially to the nervous system, the result is a neurological deficiency. The baseline of cancer is simply the deviation of mineral proportions and the resulting electromagnetic relationships relative to the attraction/repulsion. This nutritional deficiency causes structural changes in the amino acid, hormones, biofeedback communication, all cellular nutritional mechanisms, DNA instructions and replication, causing a change in cellular manufacturing instructions and supply. In addition the toxic soup we live in today combined with negative emotional trauma further increases the breakdown of our cellular mechanism. That is why it is important to consume the highly nutritional formula TRICAN®to restore and nourish the cells.

Nutritional deficiency is due to a regular consumption of white refined sugar, as in fizzy (soft) drinks (1 soft drink contains up to 10 teaspoons of white refined sugar), chips (crisps), store bought pastries, deep fried foods (French fries, donuts). Also prepared meats (hot dogs, sausages, bacon, ham) fast foods, food additives, etc. Most foods are cooked at 350 to 400 F, but whenever we cook our food over 105 F (40 Celsius) instead of steaming our foods, we destroy many of the important enzymes. As well as refined oils and processed foods, toxins, stress and other factors, our body suffers from a mineral deficiency which causes an unbalanced chemistry, which will alter the instructions of the DNA when producing new cells.

The BUDWIG CENTER nutritional protocol is correcting the proportions of all the minerals so that they are correct to each other in the body, which causes the correct electromagnetism in the body and to provide the material for the reactions to take place.

Dr. Johanna Budwig - was one of Germany's top biochemists as well one of the best cancer researchers throughout all of Europe. She was born in 1908 and lived to be 95. Seven times she was nominated for the Nobel Prize. Dr.Budwig claims to have had over a 90% success rate with her diet and protocol with all kinds of cancer patients over a 50 year period which is why The Budwig Center uses this as the basis of their program and we have been directly authorized by Dr. J Budwig to do so, when we visited her in August 2000.

Does her protocol work for all types of cancer? Dr. Budwig explained in her books that her healing plan works on improving the cells of the body. It doesn't matter where the cancer cells are located or what name is given to your cancer because the Budwig program addresses the basic cause of the cancer in the first place.

Often people contact us and they mention that they are already using the Budwig protocol, however after talking with them we discover that most are not following it properly. They may have read bits and pieces about how the program works on various internet web sites. And unfortunately there is a lot of erroneous or missing information on the exact diet and the do's and don'ts of her regime. Dr. Budwig stressed the need to follow her program in an exact manner otherwise the results would

probably be very disappointing and even at times counterproductive. For example some mix the flaxseed oil with yogurt instead of low fat cottage cheese. This does not work because the cottage cheese contains the sulphurated protein that is so important in the Budwig formula.

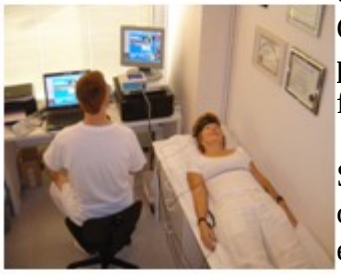
For further information the Budwig Flaxseed Oil and Cottage Cheese Quark diet, please read our **Budwig Cancer Diet** page.

Some people have a dairy intolerance or allergic to flaxseed oil or would prefer to avoid cottage cheese (which is dairy that has casein which can cause inflammation) and best not to use if you have breast, prostate, brain, lymph or ovarian cancer. In which case we would recommend a dairy extract free of casein such as PROCELLA.

At The Budwig Center we have over 30 years of research behind us and the Budwig protocol has 50 years of research and countless **Case Studies** to back it up.

Many of those whom have come to our Center from all over the world are now "cancer-free" and this includes people with all types and stages of cancer, including some people with "terminal" cancer by applying what they learn at our center and receiving the therapies with BIO MEDIC CLINIC.

A BRIEF SUMMARY OF THE BUDWIG CENTER PROGRAM



At our Center our approach teaches you how to "win the battle" against cancer in the shortest reasonable time possible by implementing a multi faceted totally natural time-tested anti-cancer program. Each day at our Center in the beautiful "Costa del Sol" located in Southern Spain not only will you benefit from the sunshine and sea (we average 325 days of sunshine per year), but you will learn how to detoxify your body all the "rubbish" of many years of pesticides, chemicals, medicine from the liver, colon and lymph system. BIO MEDIC CLINIC will administer Hydro Colonics, Saunas, massages, and the deep liver cleanse are all part of our program. Our Nutritionist will explain to you how to enjoy the healthy foods with the Dr. Budwig recipes.

Studies show that negative emotional experiences, past and present contribute to some 85% of illnesses, therefore help will be provided on an emotional level as well.

We offer you three different effective emotional healing programs that really help you overcome past hurtful experiences.

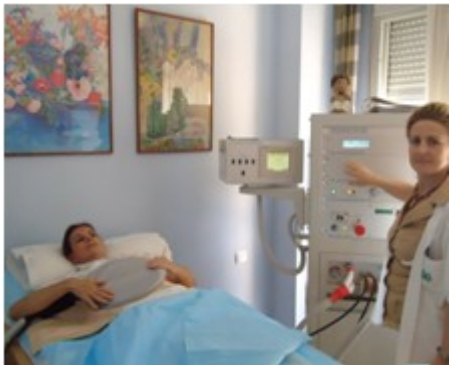
- **Budwig Protocol** - During your stay with us and this will provide you with in-depth information from A - Z on how Dr. Budwig treated her patients. You will learn what foods to eat and which ones to avoid. A daily schedule and check list will be provided so that you will know exactly what to do each day. Each therapy performed by BIO MEDIC CLINIC that is used will be explained and how it works with the Dr. Budwig's approach.

- # Therapies You May Receive in association with the BioMedic Clinic:

Consultation with Dr. Marie D. Lopez M.D. a medical doctor, as well as a Naturopathic Doctor will conduct an examination of your medical history*(please bring X-rays, scans, PET, blood work, if available etc)*

- **Diagnostics** with VEGA Machine (measures the energy of all the basic organs of the body)
- **You can also attend an educational seminar and group discussions** on healthy living, cooking, diet, herbal supplements, causes of cancer, appropriate diet, marriage and interpersonal human relations skills, etc
- **Hyperthermia** - localized hyperthermia in the BioMedic Clinic under the supervision of Dr. Marie D Lopez, M.D. creates an artificial fever and sends a special radio wave to the affected area.

  "Give me a chance to create a fever and I will cure any disease," said Parmenides, a Greek physician and philosopher (540-480 B.C.).



- **Sunbathing** - You can walk down to the beach and sunbath beside the beautiful Mediterranean sea.
- **Electro-Magnetic therapy** *(for frozen or stiff muscles, sciatic and lower back pain)*
- **Massage therapy**, including techniques for frozen muscles, sciatica, realignment, meridian balancing and emotional massages to overall well being.
- **Lymphatic Drainage** sessions
- **IV Infusions** of Glutathione and other homeopathic formulas to drain the liver, lymph system and kidneys
- **Ultra Sound tests** *(as needed to detect and dissolve suspicious breast lumps)*
- **Biomagnetic Therapy** using very strong magnets to neutralize disease-causing pathogens and pH balancing of the body. This system is known as the "biomagnetic-pair" by Dr. Isaac Goiz - http://www.biomagnetismushealth.com/books.html

- **Personalized Nutritional** consultation
- **Hydro Colon Therapy** - cancer patients are generally suffering from toxicity and cleansing the colon is indispensible to detoxify the body.
- **Heavy Metal detox** formulas and programs
- **FIR Infrared** whole body sauna detox therapy *(daily)*
- **Meridian balancing** therapy
- **E.F.T. (Emotional Freedom Technique) "Tapping"** - sessions to reinforce a positive attitude in regaining your health.
- **Bach Flower** emotional analysis and extracts *(to take home)*
- **Selected Herbs** - Dr. Budwig did not believe that artificially manufactured supplements

were helpful in fighting cancer. However she did use a variety of effective proven herbal natural compounds, teas and formulas. You will be supplied with these herbs and teas and taught how and when to take them and why they are part of the Budwig protocol.

- The **OTO Electro-Reflexologist** ER-839S is registered as Class 2A Medical Device CE. developed by a group of doctors and electronic engineers that helps improve blood circulation, reduce swelling, and ease aches & pains.
- **CHI Machine** - Even the weak can use this equipment as they lie on a mat on the floor and their feet are moved gently to an adjustable speed and gentle back and forth movement. The Chi balances the body's energy.

- **Recipes** - You take home the Budwig Cancer Guide which is full of a variety of recipes. In addition we now have the Dr. Armin Grunewald, MD recipes added. Dr. Grunewald is the nephew of Dr. Budwig and is continuing her research and work with the BUDWIG FOUNDATION. After spending time with him we are working in conjunction with his updated dietary program.
- **Pain Formulas** - Many cancer patients experience pain. Learn how to apply special oil and mixtures that help relieve pain naturally.

Note: All Medical advice, therapies, diagnosis, recommendations, consultations are conducted by a qualified Medical Doctor of the BioMedic Clinic associated with BUDWIG CENTER.

Newsletter

Learn more about...
Aloe Arborescens Remedy Budwig Center Blog Budwig Diet Testimonials Budwig Protocol Cancer Personality Causes Of Cancer Dr Budwig Biography Forms Of Cancer Frequently Asked Questions Make a Donation Programs & Fees TRICAN® - The Real Answer To Cancer TRICAN® Testimonials VEGA Diagnostic Body Test Wellness Program Your Stay In Spain

Cancer Education..
Acid pH Dangers Bach Flowers Breathing Exercises Dr Johanna Budwig Diet Emotional Healing High Body Temperature Therapy Parasites and Cancer

Popular Blog Posts
- Alkaline Forming Foods For A Balanced And Healthy Diet - The Health Benefits of Cayenne Pepper - The Five Absolute Worst Foods Anyone Can Eat - The Amazing Health Benefits Of Raw Lemon Juice

Forms Of Cancer..
Anal Cancer Appendix Cancer Bile Duct Cancer Bladder Cancer Bone Cancer Brain Tumor Breast Cancer Cervical Cancer Colon Cancer Esophageal Cancer Gastric Stomach Cancer Kidney Cancer Leukemia Liver Cancer Lung Cancer Melanoma Ovarian Cancer Pancreatic Cancer Prostate Cancer Rectal Cancer Skin Cancer Testicular Cancer Throat Cancer Full Cancer Index...

Alternative Links

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BUDWIG CENTER

"Aprenda más sobre nuestros métodos únicos que inducen la remisión natural del cáncer y otras enfermedades."

Descargue GRATIS la guía Budwig para Cáncer

** Incluye Recetas

Nuestro personal puede atenderle en Español y English



Budwig Center España

Nota: Todos los consejos médicos, terapias, diagnósticos, recomendaciones, consultas se llevan a cabo por un médico calificado de la Clínica BioMedic asociado a Budwig Center.

Información sobre el programa natural y holístico tratamientos para el cáncer de la Dra. Johanna Budwig

Dr Johanna Budwig ha tratado con éxito la causa de todo tipo de cáncer, como el cáncer de mama, cáncer de pulmón, cáncer de cerebro, cáncer de próstata, cáncer de huesos, Carcinoma, cáncer de vejiga, cáncer de cuello uterino, cáncer de esófago, cáncer de estómago, leucemia, enfermedad Hodgkin, cáncer de piel, etc. y otras enfermedades graves.

La Dra. Johanna Budwig fue una de las mejores bioquímicas de Alemania y una de las mejores investigadoras del cáncer en toda Europa. Ella nació en 1908 y vivió hasta la edad de 95. Fue nominada para el Premio Nobel siete veces. Dra. Budwig tenía una tasa de éxito de más de 90% con su dieta y protocolo en la lucha de todos los tipos de cáncer de sus pacientes durante un período de 50 años. Esta es la razón por la cual Budwig Center utiliza este protocolo como base de su programa.

¿Acaso su protocolo es eficaz en la lucha de todo tipo de cáncer? Dra. Budwig explica en sus libros que su plan de tratamiento mejora de las células del cuerpo. No importa dónde se encuentren las células del cáncer ni de qué clase sean o que nombre tengan, porque el programa Budwig da a las células lo que necesitan para que puedan normalizar el proceso de su funcionamiento.
A menudo hay gente que contacta con nuestro centro y mencionan que ya están utilizando el protocolo Budwig, sin embargo después de hablar con ellos, notamos que la mayoría no lo estaban siguiendo correctamente. Puede que hayan leído acerca de la dieta Budwig en distintos sitios web y

tengan una idea de cómo funciona.

Lamentablemente, hay mucha información errónea o incompleta en cuanto a la dieta y lo que se debe y no se debe hacer. Muchos simplemente no tienen todas las piezas del "Rompecabezas Budwig". Dra. Budwig hizo mucho hincapié en la necesidad de seguir su programa de una manera exacta; de otro modo los resultados podrían ser muy decepcionantes, y a veces incluso contraproducentes. Por ejemplo, algunos suplementos realmente anulan la eficacia del protocolo Budwig y podría causar cáncer a la metástasis.

El programa Wellness de Budwig imparte un entendimiento completo del protocolo Budwig y la mejor manera de hacer que funcione en su situación personal. Vamos a guiarle paso a paso hasta su recuperación.

En Budwig Center tenemos el respaldo de más de 30 años de investigación. Además, el protocolo Budwig cuenta con 50 años de investigación e innumerables estudios de caso.

Muchos de los que han venido a nuestro centro desde todas partes del mundo están ahora "libres de cáncer" y esto incluye a personas con todos los tipos y fases de cáncer, incluyendo a algunas personas en fase "terminal" de cáncer poniendo en práctica las instrucciones de la Dra. Budwig.

Al llegar a Budwig Center usted se matricula en un curso de salud (Wellness) de BioMedic Clinic. Usted descubrirá la forma de asumir la responsabilidad de su propia salud de manera que cuando vuelva a casa, ¡sabrá qué hacer para ganar la batalla! Después de llegar a Budwig Center seguiremos apoyándole mediante nuestro programa "Apoyo Cáncer" hasta que se recupere.

En primer lugar, aprenderá a cambiar el medio ambiente interno de su cuerpo a uno en el que el cáncer no puede prosperar. Con nuestro enfoque, las células insalubres vuelven a ser células sanas o son destruidas y expulsadas del cuerpo naturalmente.

Nuestro centro se dedica al aprendizaje de cambios en el estilo de vida.

Aprenda más sobre...
Protocolo Budwig Perfil de Personalidad Cancerígena Principales Causas del Cáncer Tipos de cáncer Preguntas Màs Frecuentes Nuestros Honorarios Testimonios

Educación Sobre el Cáncer...
Las Flores de Bach Educación Emocional Alta Temperatura Corporal

Tipos de cáncer
Cáncer del Ano Cáncer de Apéndice Cáncer de Conducto Biliar Cáncer de Vejiga Cáncer de Hueso Tumor Cerebral Cáncer de Mama Cáncer Cervical Cáncer de Colon Cáncer de Esófago Cáncer de Estómago Gástrico Cáncer de Riñon Leucemia Cáncer de Hígado Cáncer de Pulmón Melanoma Cáncer de Ovario Cáncer Pancreático Cáncer de Próstata Cáncer de Recto Cáncer de Piel Cáncer de Testículo Cáncer de Garganta Todos los tipos de cáncer...

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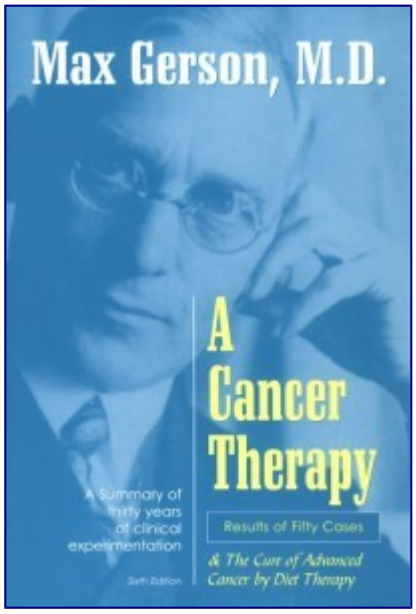
Gerson Institute

A Cancer Therapy: Results of 50 Cases



The Gerson Institute is a non-profit organization in San Diego, CA, dedicated to providing education and training in the Gerson Therapy, an alternative, non-toxic treatment for cancer and other chronic degenerative diseases.

News
& Events

Movie Night at the Gerson Institute:
Thursday, September 26th at 7pm - 9pm
(Click here for event details + RSVP)
Gerson Health Centre, Hungary Upcoming sessions:
September 16-29, 2013
October 7 - 20, 2013
November 18-December 1
Gerson Basics Workshop and Live Stream: October 24-26, 2013

Our
Blog

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How You Can Join Team Gerson and Run for Real Healing!
Gerson Basics: 4 Ways to Learn the Gerson Therapy
8 Natural Remedies for Itchy and Irritated Skin
6 Herbs That Naturally Repel Mosquitoes and Fleas
Jonathan is Getting Ready to Go to the Clinic, And It’s All Thanks to You!

Gerson Therapy (PDQ®)

Patient Version **Health Professional Version** **Last Modified:** 08/10/2012

Overview

This complementary and alternative medicine (CAM) information summary provides an overview of the Gerson therapy as a treatment for people with cancer. The summary includes a brief history of the development of the Gerson therapy; a review of laboratory, animal, and human studies; and possible side effects associated with the use of this treatment.

This summary contains the following key information:

- The Gerson therapy is advocated by its supporters as a method of treating cancer patients based on changes in diet and nutrient intake.
- An organic vegetarian diet plus nutritional and biological supplements, pancreatic enzymes, and coffee or other types of enemas are the main features of the Gerson therapy.
- The regimen is intended to "detoxify" the body while building up the immune system and raising the level of potassium in cells.
- The regimen is empirically based on observations made by Max Gerson, M.D., in his clinical practice and on his knowledge of research in cell biology at the time (1930s–1950s).
- No results of laboratory or animal studies are reported in the scientific literature contained in the Medical Literature Analysis and Retrieval System Online database.
- Few clinical studies of the Gerson therapy are found in the medical literature.

Many of the medical and scientific terms used in this summary are hypertext linked (at first use in each section) to the NCI Dictionary of Cancer Terms, which is oriented toward nonexperts. When a linked term is clicked, a definition will appear in a separate window.

Reference citations in some PDQ CAM information summaries may include links to external Web sites that are operated by individuals or organizations for the purpose of marketing or advocating the use of specific treatments or products. These reference citations are included for informational purposes only. Their inclusion should not be viewed as an endorsement of the content of Web sites, or of any treatment or product, by the PDQ Cancer CAM Editorial Board or the National Cancer Institute.

General Information

The Gerson therapy is a complex regimen advocated by its supporters to treat cancer and other degenerative diseases. It consists of a specialized diet to "detoxify" the body and rebuild the immune system, adding vitamin and mineral supplements to help in these processes. Coffee enemas are an essential part of the regimen. The therapy is named for its developer, Max Gerson, a German physician who emigrated to the United States and started a medical practice in New York City in

1938.[1,2]

The Gerson therapy is rooted in the belief that cancer is a disease of the whole organism, the tumor being only a symptom of a diseased body. Gerson considered cancer to be an accumulation of several damaging factors that combine to cause the deterioration of the entire metabolic system. The goal of the Gerson therapy is to bring the body back to its normal metabolic state, or as near to this state as possible, and to keep the metabolism in natural equilibrium.[1,2]

Gerson observed that cancer patients exhibited markedly degenerated organs, especially the liver, presumably caused by the clearing of toxic materials of an unknown type that the disease produced. He also noted that the situation became worse after chemotherapy, probably because of more toxic products entering the bloodstream. Gerson's regimen focused on helping the liver rid the body of toxic substances while restoring and maintaining healthy liver function.[1,2]

According to Gerson, during the detoxification process that results from the Gerson diet, the liver becomes progressively overburdened as the body rids itself of toxic substances formed by the breakdown of cancer cells. Coffee enemas, pancreatic enzymes, and crude liver extract are used to help the liver deal with the burden of removing toxic substances.[1-5]

Total control of everything that enters and leaves the body is the governing principle of the Gerson regimen. Its three main components are strict diet, nutritional supplements, and regular enemas.

The diet is strictly vegetarian for at least 6 weeks and consists of specific fruits and vegetables, eaten either raw or stewed in their own juices. No animal protein is allowed. Some whole grains such as oatmeal are included. Flaxseed oil is allowed only because it aids in the body's use of vitamin A.[2] No other fat such as cooking oil and no salt or spices of any kind are allowed. A glass of freshly prepared juice from vegetables and fruits must be consumed every hour for 13 hours throughout the day. The vegetables and fruits used on the diet are very high in potassium and very low in sodium.

Food preparation is also controlled. Food may be prepared only in cast-iron pots and pans; no aluminum cookware is allowed. Juices must be prepared using a specific type of juicer that crushes the fruit or vegetable rather than grinding it into pulp. Gerson advocated organically produced food, with all fruits, vegetables, and grains grown and raised in soil free of pesticides and contaminants and enriched only with natural fertilizers.[2]

The protein and dairy restriction may be lifted to include buttermilk; however, this restriction may continue through the entire course of the therapy, depending on the individual patient. Some changes in the original diet have occurred over time, but the initiation phase of the diet has always been a vegetarian diet.[2]

Taking specific vitamin and mineral supplements plus pancreatic enzymes is the second component of the regimen. Although there have been additions and substitutions to the basic list of supplements, there have been few changes since the 1940s. The typical range of supplements includes the following:

1. Potassium solution
2. Lugol's solution (potassium iodide, iodine, water)
3. Injectable crude liver extract (no longer used) with vitamin B12 (substitution: coenzyme Q10 and vitamin B12)
4. Vitamins A, C, and B3 (niacin)
5. Flaxseed oil
6. Pancreatic enzymes
7. Pepsin

The potassium solution (potassium dissolved in water) is to help increase the ratio of potassium to sodium in the cells. Lugol's solution, which consists of 5 g of iodine and 10 g of potassium iodide

dissolved in water, is given to increase the body's metabolic rate. The potassium solution and Lugol's solution are both added to the hourly juice intake.[1-5]

Originally, Gerson thought that using crude liver extract and juice (made by processing fresh calf and veal livers) would help maintain liver function. The extract and juice were given to patients via injection with the vitamin B12. In 1989, the use of injectable crude liver extract was banned by the U.S. Food and Drug Administration because it was found to be contaminated with Campylobacter.[1,2] Desiccated liver capsules replaced the crude extract, but this has now been replaced by coenzyme Q10.[2] As mentioned above, flaxseed oil is used to help the body utilize vitamin A. Pancreatic enzymes are given to assist in the digestion and the elimination of the breakdown products in the colon.

Coffee (or chamomile) enemas are the third component of the Gerson therapy. Coffee enemas supposedly dilate the bile duct in the liver, thereby allowing the liver to release the breakdown products more easily and speed their removal to the intestine. At the beginning of therapy, a patient may take four or more coffee enemas per day. Literature suggests that coffee enemas help relieve the pain associated with gastrointestinal cancers; however, there is only anecdotal evidence to suggest that the enemas actually dilate the bile ducts.[6,7]

Central to the therapy is an abundance of potassium and the lack of sodium. Gerson had observed that as soon as his cancer patients started on the diet regimen, they released large amounts of sodium in their urine. He noticed that cells in the patients' bodies that had been bloated with fluid started to shrink as the fluid was released.[1] After studying the research in cancer cell biology available to him at the time and noting the ratio of potassium to sodium in cancer cells versus healthy cells, he deduced that the reason for this sodium excretion was that the diet regimen was correcting generalized tissue damage caused by excess sodium. Healthy cells had a high ratio of potassium to sodium; diseased cells had a low ratio of potassium to sodium or an abundance of sodium.[1]

The implications of this observation led Gerson to believe that part of the process of recovery from cancer was the replacement of excess sodium by potassium in damaged tissues.[8] This belief is the theoretical basis for Gerson's choice of high-potassium, low-sodium fruits and vegetables in his prescribed diet: a high intake of potassium was needed to restore a normal ratio of potassium to sodium in the cell.

The Gerson therapy is the basis for other CAM therapies that include cleansing enemas or special diets as part of their regimens, most notably the Gonzalez regimen. (Refer to the PDQ summary on the Gonzalez Regimen for more information.)

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History

Max Gerson immigrated to the United States from Germany. In 1938, after passing the New York state medical board examinations, he started a practice in New York City. While in Germany, Gerson had suffered from severe migraine headaches and developed a vegetarian diet as a way to cure his migraines. The diet was based on his study of the history of medicine and his respect for the writings of Paracelsus (1490–1541), who said that diet must be the basis of medical therapy; however, Gerson noted that diet is only one part of a treatment regimen. [1] The special diet cured his migraines, and after seeing its success in one of his patients suffering from lupus vulgaris, he prescribed the diet for others suffering from the same disease. He conducted a successful clinical trial in Germany using the vegetarian diet.[1] His most noted patient was the wife of Albert Schweitzer, M.D., whom he reported curing. The accolades he received from Dr. Schweitzer may have persuaded the medical community to seriously consider the Gerson therapy and perhaps led to Gerson's 1946 appearance with five of his patients before a congressional committee considering a bill to increase funding for cancer research.[2]

When Gerson began prescribing his regimen for patients, he did not consider his therapy a cure for cancer. At that time he wrote that there was no conclusive evidence from his work that cancer was influenced by diet; however, he did think that diet was a useful supportive measure.[3] In 1958, after treating patients with his regimen for more than 15 years, Gerson published his complete theory, including the results of 50 cases. He started referring to his regimen as an "effective treatment for cancer, even in advanced cases."[1,4]

The practice of changing diet or fasting to cure or ameliorate the effects of disease has a long history, as does the practice of giving enemas to flush the body, thus keeping the body clear of toxins. [5] There are no reported results of clinical trials examining the efficacy of either of these practices in the treatment of cancer or how these practices would affect a treatment. Evolving evidence supports the idea that a plant-based diet plays a role in cancer prevention.

Gerson theorized that the use of pancreatic enzymes would reduce demands on the liver and pancreas, already in a weakened state, to manufacture the enzymes necessary to convert food into usable nutrients; this would help stabilize the nutritional needs of the body while it undergoes the detoxification process.[1,6] Gerson's therapy was widely considered impossible because it was thought that pancreatic enzymes were reduced to their components in the intestinal tract. However, it has been reported that these enzymes are not broken down but are released into the bloodstream and used again in the digestive process.[7,8]

Controversy about the efficacy of the Gerson therapy continued throughout Gerson's life. In 1946 and 1949, two articles in the Journal of the American Medical Association concluded that the treatment was of no value.[9,10] The National Cancer Institute (NCI) reviewed Gerson's data from ten case histories in 1947 and 50 case histories in 1959. NCI concluded that in most cases, basic criteria for evaluating clinical benefit were not met. NCI concluded that the data demonstrated no benefit.[2] In 1972, the American Cancer Society (ACS) published a statement summarizing the negative assessments of Gerson's treatment.[11] Another statement published by ACS in 1991 concerned various " metabolic therapies" (defined as treatments that depend on changing metabolism through diet, enemas, and supplements given at clinics in Tijuana, Mexico) and reemphasized the lack of scientific evidence on the efficacy of the Gerson regimen.[12]

Gerson died in 1959, leaving behind no systematic way to continue offering his treatment. His malpractice insurance had been canceled in 1953, and in 1958 he was suspended for 2 years from the New York County Medical Society.[11] In 1977, his daughter, Charlotte Gerson Straus, who had continued to lecture widely about the Gerson therapy, cofounded the Gerson Institute with Norman Fritz. Located in San Diego, the Gerson Institute does not own or operate treatment facilities but maintains a licensing program for treatment centers such as the Centro Hospitalario Internacional Pacifico and Mexico's Center for Integrative Medicine and the Gerson Hospital (CHIPSA) in Baja California, Mexico. CHIPSA refers to Max Gerson as the founder of "immunonutrition," their term for Gerson's idea of cleansing the body while building up the immune system through diet and supplementation.

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Laboratory/Animal/Preclinical Studies

There are no *in vivo* studies in animal models of the Gerson diet in the scientific literature.

Human/Clinical Studies

Gerson's book [1] and articles in English [2-4] are primarily reports of the details of the Gerson regimen, supplemented with case reports of patients seen in his clinical practice. His book presents an extended discourse on the empirical and scientific foundation for his treatment regimen and an expansive description of the treatment and diet followed by 50 patients selected from 30 years of clinical practice. Gerson's published cases encompass a variety of cancer types. The reports are

extended case notes, with occasional x-rays of the patients over time. Although some attempt at follow-up is made, it is not systematic and consists chiefly of anecdotal reports and conversations with patients by mail or phone.

A preliminary study conducted between 1983 and 1984 attempted to collect any available retrospective data on three nonallopathic treatments offered in clinics in Tijuana, Mexico: Gerson, Hoxsey, and Contreras.[5] The authors did not have access to medical records and relied on patient interviews for all information. The self-reporting was incomplete and inconsistent, lacking precise information in areas such as how far the disease had advanced. In the Gerson segment, only 18 of the 38 patients stayed in the study for 5 years or until they died; their mean survival was 9 months from the beginning of the study. The other 20 patients were lost to follow-up. At 5 years, 17 of the 18 had died, and one patient with advanced non-Hodgkin lymphoma was alive but not disease free. Overall, this study did not offer meaningful data to support the clinical efficacy of the approaches studied.

A 1990 noncontrolled, self-selected, matched-pairs study conducted in Austria used a diet regimen based on the Gerson therapy to evaluate diet as an adjuvant to surgery. This diet was ovolactovegetarian.[6] The Gerson regimen is basically strictly vegetarian (no eggs or milk) and does not introduce food other than buttermilk until 6 or 8 weeks into the regimen, if at all, depending on the patient.

Two groups of patients who had undergone surgery—18 patients with colorectal cancer with metastases to the liver and 38 with breast cancer —were treated. Each of the two groups was divided into a diet group and a nondiet group. All patients continued with whatever prescribed conventional regimen was required after their surgery. Results in the matched pairs with colorectal cancer showed an increased survival time in three of the nine patients in the diet group (28.6 months) as compared with four of the nine patients (16.2 months) in the nondiet group. In the breast cancer matched pairs, side effects of chemotherapy and pain and pleural effusion were lower in the diet group. No statistically significant information was generated in this small number of patients; however, the authors stated that the diet regimen appeared to have beneficial effects that required further study.[6]

The Gerson Research Organization published a retrospective survival analysis of their melanoma patients treated with the Gerson approach, which was compared with published survival data according to stage. The analysis showed a survival advantage for melanoma patients with stage IIIA disease and stage IV disease with no visceral metastases, who were treated with the Gerson approach.[7] However, there has been no report of a prospective clinical trial confirming the findings of this retrospective analysis.

The study looked at records of 153 patients with stage I–IV melanoma treated with the Gerson diet. Of the 14 stage I–II patients, all were disease-free at 17 years posttreatment; however, this number was too small for a statistical comparison with other cohorts. For stage III patients, the 5-year survival rate was 71% compared with rates of 27% to 42% reported in the literature. The stage IV patients had the largest survival advantage. The 5-year survival rate for these 18 patients was 39%, compared with 6% in the published literature. The analysis did not include 53 patients who were lost to follow-up, which could have influenced the survival comparisons.[7]

A small best-case series [8] suggests that the evidence presented supports the development and conduct of a more definite clinical study on the Gerson regimen.

No conclusions about the effectiveness of the Gerson therapy, either as an adjuvant to other cancer therapies or as a cure, can be drawn from any of the studies reported above.

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Adverse Effects

Case reports of adverse events associated with coffee enemas raise concern about their use. Three deaths that seem related to coffee enemas have been reported in the literature. Salmonella enteridis group D and Campylobacter fetus intestinalis were cultured from stool and blood of one patient who died shortly after treatment at the Gerson Institute clinic. This death could not be directly linked to the practice of coffee enemas because more tests could not be performed.[1]

Case reports of two more deaths following treatment at the Gerson Institute were both attributed to electrolyte imbalance after autopsies were performed showing no active inflammation of the colon. [2]

A third case report of electrolyte imbalance that did not result in death describes a patient who developed hyperkalemia while undergoing Gerson therapy.[3] No other reports of adverse effects have been identified.

References

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Summary of the Evidence for Gerson Therapy

To assist readers in evaluating the results of human studies of complementary and alternative medicine (CAM) treatments for cancer, the strength of the evidence (i.e., the "levels of evidence") associated with each type of treatment is provided whenever possible. To qualify for a level of evidence analysis, a study must:

- Be published in a peer-reviewed scientific journal.

- Report on a therapeutic outcome or outcomes, such as tumor response, improvement in survival, or measured improvement in quality of life.
- Describe clinical findings in sufficient detail that a meaningful evaluation can be made.

Evidence from studies that do not meet these requirements is considered extremely weak. In addition to scoring individual studies, an overall level of evidence assessment is usually made.

Because no prospective, controlled study of the use of the Gerson therapy in cancer patients has been reported in a peer-reviewed scientific journal, no level of evidence analysis is possible for this approach. The data that are available are not sufficient to warrant claims that the Gerson therapy is effective as an adjuvant to other cancer therapies or as a cure. At this time, the use of the Gerson therapy in the treatment of cancer patients cannot be recommended outside the context of well-designed clinical trials.

Separate levels of evidence scores are assigned to qualifying human studies on the basis of statistical strength of the study design and scientific strength of the treatment outcomes (i.e., endpoints) measured. The resulting two scores are then combined to produce an overall score. For additional information about levels of evidence analysis, refer to Levels of Evidence for Human Studies of Cancer Complementary and Alternative Medicine.

Changes to This Summary (08/10/2012)

The PDQ cancer information summaries are reviewed regularly and updated as new information becomes available. This section describes the latest changes made to this summary as of the date above.

Editorial changes were made to this summary.

This summary is written and maintained by the PDQ Cancer Complementary and Alternative Medicine Editorial Board, which is editorially independent of NCI. The summary reflects an independent review of the literature and does not represent a policy statement of NCI or NIH. More information about summary policies and the role of the PDQ Editorial Boards in maintaining the PDQ summaries can be found on the About This PDQ Summary and PDQ NCI's Comprehensive Cancer Database pages.

About This PDQ Summary

Purpose of This Summary

This PDQ cancer information summary for health professionals provides comprehensive, peer-reviewed, evidence-based information about the use of Gerson therapy in the treatment of people with cancer. It is intended as a resource to inform and assist clinicians who care for cancer patients. It does not provide formal guidelines or recommendations for making health care decisions.

Reviewers and Updates

This summary is reviewed regularly and updated as necessary by the PDQ Cancer Complementary and Alternative Medicine Editorial Board, which is editorially independent of the National Cancer Institute (NCI). The summary reflects an independent review of the literature and does not represent a policy statement of NCI or the National Institutes of Health (NIH).

Board members review recently published articles each month to determine whether an article should:

- be discussed at a meeting,
- be cited with text, or

- replace or update an existing article that is already cited.

Changes to the summaries are made through a consensus process in which Board members evaluate the strength of the evidence in the published articles and determine how the article should be included in the summary.

The lead reviewer for Gerson Therapy is:

- Patrick J. Mansky, MD (The Cancer Team at Bellin Health)

Any comments or questions about the summary content should be submitted to Cancer.gov through the Web site's Contact Form. Do not contact the individual Board Members with questions or comments about the summaries. Board members will not respond to individual inquiries.

Levels of Evidence

Some of the reference citations in this summary are accompanied by a level-of-evidence designation. These designations are intended to help readers assess the strength of the evidence supporting the use of specific interventions or approaches. The PDQ Cancer Complementary and Alternative Medicine Editorial Board uses a formal evidence ranking system in developing its level-of-evidence designations.

Permission to Use This Summary

The preferred citation for this PDQ summary is:

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Contact Us

More information about contacting us or receiving help with the Cancer.gov Web site can be found on our Contact Us for Help page. Questions can also be submitted to Cancer.gov through the Web site’s Contact Form.

Dieta Max Gerson

Escrito por kathryn meininger | Traducido por beatriz mónica graciela castellini de olgiati

Curarse del cáncer por medio de una dieta es algo que parece demasiado bueno para ser verdad, pero en la década de 1920, el Dr. Max Gerson desarrolló una basada en frutas y vegetales orgánicos que afirmaba que podía prevenir y curar el cáncer. La Dieta Gerson, también conocida como Terapia de Cáncer Gerson, integra un régimen de cambios dietarios, desintoxicación, mejoras en la nutrición y suplementos dietarios. El Dr. Max Gerson pensaba que la gran cantidad de contaminantes y toxinas que absorbe nuestro organismo es la responsable de producir esta enfermedad y que podía curarse siguiendo una dieta estricta. Sin embargo, un estudio publicado en Febrero del 2010 en la revista médica "Oncología" no encontró evidencias sólidas que respaldaran las afirmaciones de Gerson, haciendo notar que los pacientes que se sometían a los tratamientos tradicionales vivían más y tenían una mejor calidad de vida. La Dieta Gerson no es un programa de tratamiento para el cáncer aprobado por la Administración de Drogas y Alimentos de los Estados Unidos y no debes seguirla sin la supervisión de un médico.

Los jugos son uno de los pilares de la dieta Gerson

Sucos image by Rocha from Fotolia.com

Alimentos y jugos permitidos

La Dieta Gerson se compone de una variedad de frutas y vegetales orgánicos permitidos. La nutrición de tu día comienza con la ingestión de 13 vasos de exprimidos de frutas orgánicas frescas, que debes beber por hora, como también tres comidas con vegetales. La variedad de alimentos permitidos incluye naranjas, manzanas, peras, duraznos, ciruelas, limones y cerezas. Entre los vegetales encontramos brócoli, col, zanahorias, pimientos y chauchas. Se aceptan además los tomates, el aceite de lino, el vinagre y el yogur orgánico. Una vez por semana puedes ingerir una porción de batatas, arroz integral, miel y media banana.

Alimentos prohibidos

En esta dieta se elimina todo tipo de sal y productos que contengan sodio. Se prohíben las grasas animales, el alcohol, el té negro, la sal Epsom, los mariscos, la harina y el azúcar blancos. No se deben consumir frutas como cocos, bayas y ananás o vegetales como la espinaca cruda, paltas, pepinos y brotes de alfalfa. Los productos lácteos como manteca y quesos tampoco se permiten,

junto a las nueces, aceites, margarina, hongos, legumbres, mostaza, gaseosas, polvo, bicarbonato y chocolate. En el aspecto del cuidado personal, no se permite utilizar pasta dental con flúor, desodorantes, cosméticos, tintura para el cabello o baterías de cocina de aluminio para cocinar. Contrariamente a lo que sucede con otras dietas, no se puede beber agua sin motivo.

Suplementos dietarios

Junto con los jugos cada hora y las comidas vegetarianas, la dieta del Dr. Gerson incluye la ingesta de varios suplementos dietarios con potasio, aceite de semillas de lino y vitaminas A, C y B-3, o niacina. La terapia Gerson incluye enzimas con pepsina y pancreáticas, junto con una inyección de coenzima Q10 con vitamina B-12. También se debe tomar una dosis de solución Lugol que incluye yoduro de potasio, yodo y agua.

Enema de café

Uno de los aspectos más controversiales de la dieta Gerson es el enema de café. El Dr. Gerson opinaba que la desintoxicación era una parte muy importante del proceso de tratamiento y desarrolló un enema desintoxicante para ese fin. Si bien no está permitido ingerir café por boca, el Instituto Gerson especifica que cuando es introducido por el recto, el café estimula las enzimas del hígado y del tejido digestivo, aumentando el flujo de bilis que ayuda a eliminar toxinas. Con el mismo objetivo de eliminar toxinas, también se puede utilizar el enema de manzanilla.

Referencias

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"Oncology"; Régimen Gerson; B. Cassileth; Febrero 2010
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Universidad de Minnesota; Terapia Gerson; Sept. 23, 2010

Martes 31 Mayo 2011
María Gabler Ver biografía Respuestas del Guía

Terapia Gerson: Súper alimentación y desintoxicación para tratar el cáncer, artritis y alergias

Aunque suena inverosímil, la historia del médico Max Gerson es tan desconocida como cierta. Su método con más de 80 años de existencia ha sanado a personas diagnosticadas con enfermedades incurables que han vivido para contarlo. Todo se trata de mantener una dieta sana y ser disciplinado.

Max Gerson fue un médico judío alemán nacido en 1881 que sufría de migrañas tan fuertes que lo dejaban inhabilitado por días en la cama. Aburrido de no encontrar una solución, se propuso encontrar una como fuera. Consciente de que el 80% del sistema inmunológico se encuentra en el intestino, decidió como primera medida limpiarlo. Para eso eliminó todos los alimentos procesados y cargados de sal y grasa, así como también todo tipo de carne. En cambio, los reemplazo por frutas y verduras. Tal como esperaba, al poco tiempo los dolores de cabeza desaparecieron.

Lo que siguió fue utilizar su dieta contra migrañas con sus pacientes y se sorprendió cuando uno de ellos se curó completamente de una tuberculosis cutánea. Entonces decidió someter a su terapia a 460 personas aquejadas de la misma enfermedad: 456 de ellas se sanaron completamente. De ahí a que comenzara a tratar a pacientes con cáncer no pasó mucho tiempo. El primero fue una mujer con cáncer estomacal y vesicular que en algunos meses logró curarse.

Foto: gerson.org

La terapia desarrollada por Max Gerson recupera la capacidad del cuerpo para autosanarse.

La terapia Gerson en términos simples lo que hace es recuperar la capacidad del cuerpo para autosanarse. En la actualidad, una dieta típica es rica en alimentos procesados que contienen grandes cantidades de sal y azúcar. Existe, además, un abuso de fertilizantes químicos y abundancia de frutas y verduras transgénicas que contienen el mínimo de los nutrientes necesarios para una buena salud. El tratamiento del doctor Gerson es todo lo contrario. Consiste en una desintoxicación intensiva del cuerpo por medio de una alimentación orgánica que elimina los desechos, regenera el hígado, reactiva el sistema inmunitario y reestablece tanto las defensas esenciales como los sistemas enzimáticos.

La dieta se divide en tres etapas:

- Consumir 13 vasos de zumos frescos de zanahoria/manzana y verduras verdes de hoja, preparados cada hora con frutas y vegetales orgánicos y bebidos en un plazo máximo de 15 minutos después de su preparación.

- Consumir tres comidas vegetarianas completas: con frutas orgánicas, vegetales, y cereales integrales. Una comida típica incluye ensalada, vegetales cocidos, patatas al horno, sopa de verduras y zumo.

- Consumir frutas frescas y postres de alimentos frescos disponibles a toda hora como bocadillos.

El régimen si bien no es complicado, debe ser estricto, pues no puede dejarse fuera ningún detalle. Todos los alimentos, por ejemplo, deben ser preparados sin sal ni especies y, en el caso de los zumos, se recomienda usar una licuadora de dos etapas con un molinillo separado y una prensa hidráulica. Esto ya que las licuadoras de un sólo paso no producen la misma calidad de contenido enzimático, mineral y de micronutrientes.

Paralelo a esta súper alimentación, la dieta debe acompañarse de medicamentos de origen orgánico administrados en cantidades terapéuticas según el tipo de paciente. Estos pueden ser compuestos de potasio, soluciones de Lugol, vitamina B-12, hormonas tiroideas y enzimas pancreáticas. El doctor Gerson desarrolló, además, una técnica de lavados intestinales conocida también como enemas de café. De acuerdo a sus investigaciones, este grano estimula el hígado, abre los canales biliares y desecha las toxinas acumuladas junto con estimular la producción del sistema enzimático. Haciendo esto la desintoxicación del cuerpo puede considerarse total.

Es importante saber que pese a los buenos resultados de la terapia, ningún tratamiento resulta para todo el mundo, por lo que no existe garantía de que funcione todas las veces. Lo que está claro es que de hacerse debe hacerse bien: siguiendo todos los pasos metódicamente. Por eso aún cuando es posible encontrar mucha información del régimen en Internet, se recomienda empezar el tratamiento en un centro con licencia del Instituto Gerson.

Eso es lo que hizo Alan Furmanski, quien fue diagnosticado con cáncer a la piel el año 2006. Luego de ser operado para tratar la enfermedad, volvieron a aparecer los tumores y ningún especialista le supo dar una respuesta que lo dejara conforme. Investigando, descubrió la terapia Gerson y de inmediato se dirigió a la clínica que dirige hoy, Charlotte, la hija del médico creador del tratamiento.

Durante dos años Alan siguió la terapia hasta que finalmente logró sanarse de la enfermedad. Hoy da charlas a quienes estén interesados en aprender más sobre este método y es autor de libros como “101 alimentos que curan” y “Zumos que sanan”. Puedes ver una entrevista realizada hace algunos años en el siguiente video:

9:01 La cura mas simple del mundo de David G Cruz Garcia Entrevista, programa El Radar - Metodo Gerson.

En el año 2008 se estrenó, además, un documental sobre la terapia Gerson para la cura del cáncer llamado "The beautiful truth". Puedes ver el documental a continuación:

1:31:47 The beautiful truth / La hermosa verdad (subtitulada) de Inlak'ech Namaskar A lo largo de nuestras vidas, nuestros cuerpos se van contaminando con diversas sustancias tóxicas que causan cánceres y **...**

Tags: alergias, artritis, cáncer, desintoxicación, dieta, Max Gerson

TERAPIA GERSON para la cura del cáncer. Las claves de un hallazgo silenciado

17 mayo 2013

tags: Dr. Max Gerson, farmafia, mafia médica, terapia Gerson cáncer
de Freeman

The Gerson Miracle (El Milagro Gerson). Completo y subtitulado en español

Documental de la terapia Gerson, que incluye datos importantes sobre la dieta, las toxinas y la forma de vivir más sanos. Involucra varios manifiestos de sobrevivientes al cáncer. Muy recomendable para quienes estén interesados en buscar la verdad sobre el sistema de salud mundial.

(Sinopsis del video, en Youtube)

The beautiful truth (La hermosa verdad). Subtitulada

A lo largo de nuestras vidas, nuestros cuerpos se van contaminando con diversas sustancias tóxicas que causan cánceres y otras enfermedades. Estas sustancias tóxicas nos llegan a través del aire que respiramos, de la comida que comemos, de los medicamentos que tomamos y del agua que bebemos. A medida que el uso de estas sustancias tóxicas aumenta día a día, y la incidencia del cáncer también aumenta, poder utilizar un tratamiento demostrado, natural, y desintoxicante como la Terapia Gerson no sólo brinda tranquilidad, sino que es necesario.

La Terapia Gerson es un poderoso tratamiento natural que fortalece el sistema inmunitario, para así poder curar cánceres, artritis, enfermedad coronaria, alergias, y muchas otras enfermedades degenerativas. Un aspecto que la diferencia de la mayoría de los demás tratamientos es su naturaleza integradora e inclusiva. Se consumen diariamente trece vasos de jugos frescos, de frutas y verduras orgánicas, que proporcionan una cantidad abundante de nutrientes, enzimas y minerales. Luego estas sustancias degradan el tejido enfermo del cuerpo, mientras que los enemas ayudan a eliminar la acumulación de toda la vida de toxinas en el hígado.

Con un enfoque que tiene en cuenta la totalidad del cuerpo para la curación, la Terapia Gerson reactiva de manera natural la magnífica capacidad de su cuerpo de curarse a sí mismo, sin efectos secundarios nocivos. Más de 200 artículos en respetadas publicaciones médicas, y miles de personas curadas de sus enfermedades "incurables", documentan la efectividad de la Terapia Gerson, que es además una de los pocos tratamientos con 60 años de éxito.

Aunque su filosofía de desintoxicar y reactivar al cuerpo es simple, es este un tratamiento complejo que requiere prestarle bastante atención a los detalles. Si bien muchos pacientes se han curado totalmente utilizando la Terapia Gerson por sí solos, para obtener los mejores resultados recomendamos empezar el tratamiento en un centro de tratamiento con licencia del Instituto Gerson.

La Terapia Gerson es un avanzado tratamiento holístico y natural actual que utiliza el propio mecanismo de curación del organismo para el tratamiento y la cura de enfermedades crónicas y debilitantes. Cuando fue introducida por el Dr. Max Gerson, esta terapia nutricional estaba tan adelantada a su tiempo que casi no había explicaciones en la literatura científica de cómo podía lograr curar enfermedades crónicas e infecciosas. Pero, debido a que de hecho curó muchos casos de tuberculosis avanzada, enfermedad coronaria, cáncer y muchas enfermedades de menor gravedad, la Terapia Gerson quedó establecida como una importante contribución al campo de la medicina, a través de artículos aparecidos en publicaciones con reseña académica. El Dr. Gerson publicó por primera vez un artículo relacionado con el cáncer en 1945, casi 40 años antes de la adopción del actual programa oficial de dieta, nutrición y cáncer del Instituto Nacional del Cáncer de los EE.UU.

El Dr. Max Gerson trató a cientos y cientos de pacientes y siguió desarrollando y refinando su terapia hasta su muerte en 1959, a la edad de 78 años. Su paciente más famoso fue el Dr. Albert Schweitzer, a quien Gerson curó de diabetes avanzada cuando Schweitzer tenía 75 años. Volvió a su hospital en África, ganó el premio Nóbel, y trabajó hasta los noventa y tantos años. Escribió lo siguiente: "Veo en el Dr. Gerson a uno de los más eminentes genios de la historia de la medicina".

(Extracto de la sinopsis del video, en Youtube)

Fuente videos y reseñas: canales de aleg2012 e Inlak'ech Namaskar, en **YouTube**

Compartido por **Sergio**, *de Argentina*

Edición de **Freeman**

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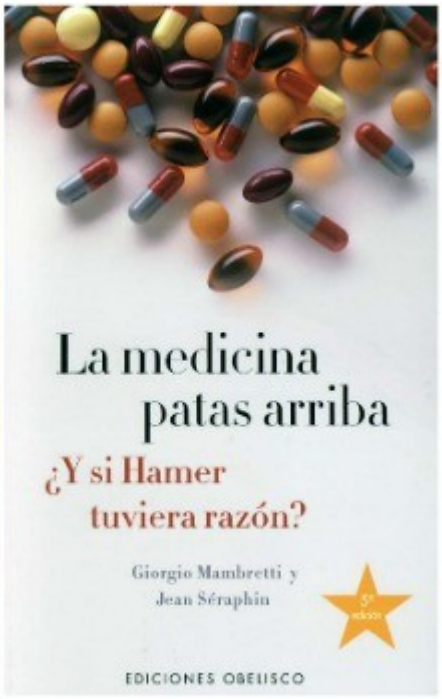

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- Cómo afrontar el cáncer de forma holística. Conferencia del Dr. Alberto Martí Bosch
- La GRAVIOLA, planta secuestrada por la farmafia: ¿10000 veces más potente que la quimioterapia contra las células cancerosas?
- CÁNCER, DEBATE ABIERTO. Prestigiosos oncólogos firman una “Carta abierta a Mariano Barbacid”, en la revista Discovery DSalud, cuestionando seriamente el enfoque y los tratamientos “oficiales”
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- Plantas medicinales efectivas en el tratamiento del cáncer son objeto de boicot corporativo
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Consciencia-Verdad

sábado, 27 de octubre de 2012

El asesinato del Dr. Gerson y la cura del cáncer

El Dr. Max Gerson murió asesinado en 1959 antes de publicar su libro “A Cancer Therapy” (Una Terapia Para el Cáncer), resultado de 50 casos, donde demuestra claramente cómo se puede curar el cáncer cambiando la dieta. Este libro fue el resultado de 30 años de experimentación clínica.

Aunque suena inverosímil, la historia del médico Max Gerson es tan desconocida como cierta. Su método con más de 80 años de existencia ha sanado a personas diagnosticadas con enfermedades incurables que han vivido para contarlo. Todo se fundamenta en mantener una dieta sana y ser disciplinado.

Max Gerson fue un médico judío alemán nacido en 1881 que sufría de migrañas tan fuertes que lo dejaban inhabilitado por días en la cama. Cansado de no encontrar una solución, se propuso encontrar una como fuera. Consciente de que el 80% del sistema inmunológico se encuentra en el intestino, decidió como primera medida limpiarlo. Para eso eliminó todos los alimentos procesados y cargados de sal y grasa, así como también todo tipo de carne. En cambio, los reemplazo por frutas y verduras. Tal como esperaba, al poco tiempo los dolores de cabeza desaparecieron.

Lo que siguió fue utilizar su dieta contra migrañas con sus pacientes y se sorprendió cuando uno de ellos se curó completamente de una tuberculosis cutánea. Entonces decidió someter a su terapia a 460 personas aquejadas de la misma enfermedad: 456 de ellas se sanaron completamente. De ahí a que comenzara a tratar a pacientes con cáncer no pasó mucho tiempo. El primero fue una mujer con cáncer estomacal y vesicular que en algunos meses logró curarse.

La voz se esparció y el Dr. Gerson se hizo famoso por curar la tuberculosis, cientos de personas acudían a él.

Cuando estalló la segunda guerra mundial, el Dr. Gerson se mudó a los Estados Unidos y abrió un consultorio en Manhattan en donde su popularidad creció rápidamente hasta que un día a su consultorio llegó una señora desesperada y suplicándole que usara su terapia con ella que padecía cáncer. En un principio Gerson se negó, pero ante la insistencia de la mujer, rediseñó su terapia y comenzó a tratarla. Al cabo de unos meses al parecer el cáncer desapareció por completo. Y así comenzó a tratar pacientes con cáncer, teniendo éxito en la mayoría de los casos.

La terapia del Dr. Gerson no era muy complicada, al parecer consistía en cambiar lo que comemos. Se basaba en la teoría de que el cuerpo humano es capaz de hacerle frente a cualquier amenaza, en que el mismo cuerpo contiene los elementos necesarios para destruir cualquier objeto extraño como un tumor. La terapia Gerson no es solo efectiva contra el cáncer, sino también contra la diabetes, las enfermedades coronarias y casi todos los males que nos aquejan.

Era de esperarse que Gerson alcanzara fama y dinero. El congreso de los Estados Unidos aprobó millonarias sumas para sus investigaciones y hubo una audiencia pública en la que participaron todos los medios de comunicación, testificaron varios pacientes curados de cáncer por Gerson, la radio nacional llegó a anunciar que “La cura del cáncer había sido descubierta”.

El Dr. Gerson fue asesinado y tiempo después sus colegas comenzaron a denigrarlo, a hablar mal de él hasta que cayó en el olvido. Era de esperarse, pues la industria farmacéutica perdería millones y millones de dólares si la terapia Gerson hubiera tenido éxito, al mundo de los negocios le conviene que haya enfermos y al mundo de las aseguradoras les conviene que haya muertos.

Hoy, la familia del Dr. Gerson tiene institutos en California, Guatemala y otros lugares en donde imparte la terapia, pero esta ya no ha sido reconocida por las instituciones gubernamentales.

La terapia Gerson
La terapia Gerson en términos simples lo que hace es recuperar la capacidad del cuerpo para autosanarse. En la actualidad, una dieta típica es rica en alimentos procesados que contienen grandes cantidades de sal y azúcar. Existe, además, un abuso de fertilizantes químicos y abundancia de frutas y verduras transgénicas que contienen el mínimo de los nutrientes necesarios para una buena salud. El tratamiento del doctor Gerson es todo lo contrario. Consiste en una desintoxicación intensiva del cuerpo por medio de una alimentación orgánica que elimina los desechos, regenera el hígado, reactiva el sistema inmunitario y reestablece tanto las defensas esenciales como los sistemas enzimáticos.

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El régimen si bien no es complicado, debe ser estricto, pues no puede dejarse fuera ningún detalle. Todos los alimentos, por ejemplo, deben ser preparados sin sal (NOTA: sin sal refinada, pero puede tomarse sal marina no refinada) ni especies y, en el caso de los zumos, se recomienda usar una

licuadora de dos etapas con un molinillo separado y una prensa hidráulica. Esto ya que las licuadoras de un sólo paso no producen la misma calidad de contenido enzimático, mineral y de micronutrientes.

Paralelo a esta alimentación, la dieta debe acompañarse de medicamentos de origen orgánico administrados en cantidades terapéuticas según el tipo de paciente. Estos pueden ser compuestos de potasio, soluciones de Lugol, vitamina B-12, hormonas tiroideas y enzimas pancreáticas. El doctor Gerson desarrolló, además, una técnica de lavados intestinales conocida también como enemas de café. De acuerdo a sus investigaciones, este grano estimula el hígado, abre los canales biliares y desecha las toxinas acumuladas junto con estimular la producción del sistema enzimático. Haciendo esto la desintoxicación del cuerpo puede considerarse total.

Es importante saber que pese a los buenos resultados de la terapia, ningún tratamiento resulta para todo el mundo, por lo que no existe garantía de que funcione todas las veces. Lo que está claro es que de hacerse debe hacerse bien: siguiendo todos los pasos metódicamente. Por eso aún cuando es posible encontrar mucha información del régimen en Internet, se recomienda empezar el tratamiento en un centro con licencia del Instituto Gerson.

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9:01 La cura mas simple del mundo Hace 3 años Entrevista, programa El Radar - Metodo Gerson.

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1:31:47 The beautiful truth / La hermosa verdad (subtitulada) A lo largo de nuestras vidas, nuestros cuerpos se van contaminando con diversas sustancias tóxicas que causan cánceres y **...**

Fuente 1.
Fuente 2.

Documental sobre la terapia Gerson.

1:30:37 El Milagro Gerson/The Gerson Miracle(completo y en español sub) Documental de la terapia **Gerson**, que incluye datos importantes sobre la dieta, las toxinas y la forma de vivir más sanos.

Conferencias de Gogo Bela sobre los beneficios de una dieta alcalina.

1:39:45 Gogo Bela MacQuillan - Alimentación Alcalina - Seminario Consciencia, Salud y Realidad Conferencia dada el 16 de Abril del 2011 en el Seminario Consciencia, Salud y Realidad organizado por Despertar Integral en **...**

1:13:06 La alcalinidad como estilo de vida - Gogo Bela http://www.lacajadepandora.org // http://www.tiendapandora.com Congreso y Feria de Alimentación Consciente 2º Año 11 y 12 de **...**

Escucha este post

Publicado por Chema Martinez

Bienvenidos a Libertad

La puerta abierta hacia el evolucionismo conciente.

Nikola Tesla y Max Gerson ¿Genios o conspiración?

12 dic 10 Autor: Felipe

Son muchas las teorías que se barajan alrededor de estos dos hombres, ambos, supuestamente lograron realizar inventos utópicos para la humanidad, ambos tuvieron una vida notable, los dos llegaron a ser famosos en el mundo entero, los dos murieron en extrañas circunstancias y lo peor de todo es que después de su muerte, la obra de los dos fue escondida, denigrada, clasificada como secreta. ¿Qué fue lo que hicieron estos genios para merecer esta historia?

Nicola Tesla: Cuando Thomas Alba Edison recibió la carta en donde le presentaban a su nuevo pupilo, esta decía: “Señor Edison, solo he conocido a dos genios en mi vida, el primero es usted, el segundo es quien lleva esta carta”. Tesla, nacido en Croacia, fue un prominente inventor, llegó a los Estados Unidos a trabajar con Edison quien le prometió una gran suma de dinero si podía resolver un enigma técnico que Edison no había logrado resolver aun. Tesla lo hizo pero Edison nunca le dio el dinero, es más, lo ridiculizo y fue ese el último momento en que ambos fueron amigos. Tesla se dedicó a trabajar incluso como mesero para ahorrar y poner su propio laboratorio. La carrera tecnológica entre Edison y Tesla fue casi a muerte, siendo el primero mas agresivo tratando toda su vida de denigrarlo y ridiculizarlo. Sin embargo, Tesla alcanzó notoriedad en el planeta entero por sus inventos, por iluminar la feria mundial y por que el fue el inventor de varias tecnologías que incluso hoy en día usamos. Al parecer logró inventar la electricidad inalámbrica, la tele-transportación, controlar el clima y los movimientos telúricos. Por todo esto, Tesla fue clasificado y olvidado. Este es al parecer el inventor más prolífico y más increíble que ha dado la humanidad. El quería que sus inventos sirvieran para mejorar el mundo, pero esto a las personas que solo piensan en ganar dinero no les servia. Después de su muerte, la historia trató de exaltar nombres como Marconi a quien se le atribuye el invento de la radio, pero uso 17 patentes de Tesla, o el mismo Edison, quien parece no inventaba mucho de lo que le atribuyen.

Entre sus inventos están: La radio, la corriente alterna, un estándar eléctrico, la lámpara de pastilla de carbono, el microscopio electrónico, un avión de despegue vertical, la resonancia magnética, el radar, el submarino eléctrico, la bobina Tesla, el rayo de la muerte, el control remoto, los rayos X, control climático, transmisión de video inalámbrica, extracción de energía de la tierra, propulsión electromagnética.

Lo que hundió a Tesla fue pensar que los humanos eran buenos, Él siempre busco que la energía fuera gratis para todo el mundo, pero obviamente a quienes mueven el mundo y a los dueños de las industrias energéticas esto no les hacia ninguna gracia. Después de su muerte el FBI recopilo todo su trabajo y lo desapareció.

Max Gerson: El Doctor Gerson nació en Alemania y desde sus épocas de estudiante sufría de migrañas. Les pidió insistentemente a sus profesores que le ayudaran con el problema sin encontrar nunca resultado alguno. Fue entonces cuando el mismo comenzó a tratarse sus migrañas, basado en una dieta orgánica y una organización de compuestos naturales especialmente usados. Las migrañas desaparecieron.

Cuando ya era medico continuó usando su terapia y rápidamente se dio cuenta que esta era efectiva contra la tuberculosis. La voz se esparció y el Dr. Gerson se hizo famoso por curar la tuberculosis, cientos de personas acudían a él.

Cuando explotó la segunda guerra mundial, el Dr. Gerson se mudó a los Estados Unidos y abrió un consultorio en Manhattan en donde su popularidad creció rápidamente hasta que un día a su consultorio llegó una señora desesperada y suplicándole que usara su terapia con ella que padecía cáncer. En un principio Gerson se negó, pero ante la insistencia de la mujer, el rediseño su terapia y comenzó a tratarla. Al cabo de unos meses al parecer el cáncer desapareció por completo. Y así comenzó a tratar pacientes con cáncer, teniendo éxito en la mayoría de los casos. La terapia del Dr. Gerson no era muy complicada, al parecer consistía en cambiar lo que comemos. Se basaba en la teoría de que el cuerpo humano es capaz de hacerle frente a cualquier amenaza, en que el mismo cuerpo contiene los elementos necesarios para destruir cualquier objeto extraño como un tumor. La terapia Gerson no es solo efectiva contra el cáncer, sino también contra la diabetes, las enfermedades coronarias y casi todos los males que nos aquejan.

Era de esperarse que Gerson alcanzara fama absoluta y obvio, dinero. El congreso de los Estados Unidos le aprobó millonarias sumas para sus investigaciones e incluso después de una audiencia pública en la que participaron todos los medios de comunicación y como testimonio hubo varios pacientes curados de cáncer por Gerson, la radio nacional alcanzó a anunciar que “La cura del cáncer había sido descubierta”.

Extrañamente el Dr. Gerson fue asesinado y tiempo después sus colegas comenzaron a denigrarlo, a hablar mal de él hasta que cayó en el olvido. Era de esperarse, pues la industria farmacéutica perdería millones y millones de dólares si la terapia Gerson hubiera tenido éxito, al mundo de los negocios le conviene que haya enfermos y al mundo de las aseguradoras les conviene que haya muertos. Hoy, la familia del Dr. Gerson tiene institutos en California, Guatemala y otros lugares en donde imparte la terapia, pero esta ya no ha sido reconocida por las instituciones gubernamentales.

Dos genios que tal vez conocían la clave para hacer de este mundo un lugar mejor, pero que fueron destruidos por la codicia, la avaricia y la desidia del ser humano actual, del que solo le importa el poder y el dinero. Los seres que piensan que son eternos, que acá estaremos para siempre. Genios como Gerson y Tesla han sido destruidos y escondidos durante toda nuestra historia, solo para poder mantener el estilo de vida que llevamos que esta comprobado nos esta conduciendo rápidamente a la destrucción. Ojala las futuras generaciones rescaten la humanidad de estos genios, pero al parecer, eso no importa mucho. Pueden averiguar más de las historias de estos personajes para quedar asombrados, investiguen ustedes mismos también.

“Es detestable esa avaricia espiritual que tienen los que sabiendo algo, no procuran la transmisión de esos conocimientos”

-Miguel de Unamuno-

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Terapia Gerson

La terapia Gerson consiste en el restablecimiento del equilibrio entre el agua y la sal celular a través del suplemento de potasio en forma de sales.

Las causas del cáncer

A lo largo de nuestras vidas, nuestros cuerpos se van contaminando con diversas sustancias tóxicas que causan cánceres y otras enfermedades. Estas sustancias tóxicas nos llegan a través del aire que respiramos, de la comida que comemos, de los medicamentos que tomamos y del agua que bebemos.

A medida que el uso de estas sustancias tóxicas aumenta día a día, y la incidencia del cáncer también aumenta, poder utilizar un tratamiento demostrado, natural, y desintoxicante como la Terapia Gerson no sólo brinda tranquilidad, sino que es necesario.

Bases de la Terapia Gerson

La Terapia Gerson es un poderoso tratamiento natural que fortalece el sistema inmunitario, para así poder curar cánceres, artritis, enfermedad coronaria, alergias, y muchas otras enfermedades degenerativas.

La Terapia Gerson busca regenerar el cuerpo para recuperar la salud, apoyando cada requerimiento nutricional importante inundando el cuerpo con los nutrientes de casi 9 kilos de frutas y vegetales orgánicos. La mayor parte se utiliza para hacer jugos frescos, un vaso por hora, 13 veces por día.

Se consumen generosas cantidades de alimentos sólidos crudos y cocidos. Por lo general, la oxigenación resulta ser el doble o más, ya que la deficiencia de oxígeno en la sangre contribuye al desarrollo de muchas enfermedades degenerativas.

También se estimula el metabolismo con el agregado de suplementos para la tiroides, suplementos de potasio, y otros, y evitando las grasas animales pesadas, el exceso de proteínas y sodio, y otras toxinas.

La desintoxicación es un aspecto clave

Las enfermedades degenerativas dejan al cuerpo cada vez más incapaz de excretar los desechos de manera adecuada, lo que comúnmente resulta en fallas hepáticas y renales. Para prevenir esto, la Terapia Gerson utiliza una desintoxicación intensiva para eliminar los desechos, regenerar el hígado, reactivar el sistema inmunitario y reestablecer las defensas esenciales del cuerpo, los sistemas enzimáticos, minerales y hormonales.

Con una nutrición generosa y de alta calidad, mayor disponibilidad de oxígeno, desintoxicación, y un metabolismo mejorado, las células -y el cuerpo- pueden regenerarse, sanarse, y prevenir futuras enfermedades.

La mayoría de las terapias, convencionales o alternativas, tratan sólo los síntomas individuales, ignorando lo que realmente está causando la enfermedad. La Terapia Gerson es efectiva para tantas enfermedades diferentes porque restablece la increíble capacidad del cuerpo de curarse a sí mismo.

Los jugos son un componente esencial de la Terapia Gerson

Para asegurar resultados confiables, el paciente Gerson necesitará comprar una juguera (aparato especial para hacer zumos) apropiada. La investigación del Dr. Gerson indica que los pacientes con cáncer deben tener una juguera en dos etapas, con un molinillo separado y una prensa hidráulica.

Por lo general, las jugueras de una etapa no producen la misma calidad de contenido enzimático, mineral o de micronutrientes, y algunos pacientes no han obtenido resultados simplemente por no usar la juguera adecuada.

No recomendamos usar ninguna juguera centrífuga. Se las puede utilizar para mantener la salud o en diagnósticos no oncológicos.
El Instituto Gerson mantiene una lista de personas que poseen jugueras usadas en venta. Póngase en contacto con nosotros para recibir una copia de esta lista.

La dieta utilizada en la Terapia Gerson

La dieta Gerson es naturalmente alta en vitaminas, minerales, enzimas, micronutrientes; extremadamente baja en sodio y grasas, y alta en líquidos.

Lo que sigue es un día típico de la dieta de un paciente Gerson realizando la terapia completa:

- Trece vasos de jugos frescos, de zanahoria/manzana y verduras verdes de hoja, preparados cada hora con frutas y vegetales orgánicos.
- Tres comidas vegetarianas completas, preparadas con frutas orgánicas, vegetales, y cereales integrales. Una comida típica incluye ensalada, vegetales cocidos, papas al horno, sopa de verduras y jugo.
- Frutas frescas y postres de frutas frescas disponibles a toda hora como bocadillos o tentempiés, además de la dieta regular.

Desintoxicación en la Terapia Gerson

Una parte muy importante de la Terapia Gerson es la desintoxicación frecuente de los tejidos y de la sangre. Esto se logra de varias maneras, principalmente mediante el uso de enemas de café. Las bases científicas del uso de los enemas de café está bien documentada, y puede solicitarla al Instituto Gerson.

Los pacientes informan que los enemas reducen el dolor y aceleran la curación. Desde un punto de vista biológico, se estimulan los sistemas enzimáticos de la pared del intestino y del hígado, y aumenta el flujo de bilis. Se ha demostrado que esto mejora la capacidad del cuerpo para eliminar los residuos tóxicos de origen ambiental, quimioterapéutico, y de otras fuentes.

También los tumores y otros tejidos enfermos se eliminan más rápidamente al ser degradados.

Otros métodos de desintoxicación

Incluyen el aceite de ricino, usado como un tradicional estimulante del flujo de bilis y como otra manera de mejorar la capacidad del hígado para filtrar sangre. Adicionalmente, las enzimas digestivas sirven para mejorar la absorción de nutrientes y para asistir en la eliminación de tejido dañado.

Los pacientes deben tener una completa compresión de la Terapia Gerson para poder seguir efectivamente con el régimen en su hogar.

En todos los casos le recomendamos consultar con su médico, terapeuta u otro profesional de la

salud competente. La información contenida en este artículo tiene una función meramente informativa.

Para mas información sobre este tema, contactar con el instituto Gerson

En todos los casos le recomendamos consultar con su médico, terapeuta u otro profesional de la salud competente. La información contenida en este artículo tiene una función meramente informativa.

Pilar Martínez

Periodista especializada en temas de salud, belleza, terapias alternativas, formas de vida saludable y una gran aficionada a la lectura, los viajes y la pintura.

Gerson Research Organization

Mission Statement

To conduct and publish the results of public-interest research into the role of nutrition- and vaccine-based immunotherapies in the management of cancer and other diseases, to publish public-interest educational materials, and to conduct public forums, lectures, and policy-reform campaigns focused on the role of nutrition in health, and dietotherapy and vaccines in disease management.

GRO is a nonprofit 501c(3) public benefit corporation for scientific research and service to patients and professionals.

You will need a current version of your browser to properly see the documents here.

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gerson-research.org

Gerson Research Organization

Overview

Dr. Max Gerson (1881-1959) and his therapy, which involves mainly **diet**, dominate the subject matter on this web site.

Although most of what you'll read here focuses on cancer, which is what Dr. Gerson concentrated on in the last two decades of his life, many other chronic and systemic diseases have been successfully treated with this therapy. Dr. Gerson developed his therapy initially to cure his own migraines, then evolved it for the rest of his life as he treated patients for **migraine, lupus, tuberculosis, diabetes, heart disease, arthritis**, and finally **cancer**, among other diseases.

Because cancer, in the view subscribed to here, is just one of many illnesses manifesting the more generic problem of **"tissue damage syndrome"**, most of what you'll read even in the cancer-centered documents here is applicable to other diseases.

Dr. Gerson's therapy works to restore cellular health in the entire body, including especially the immune system, which fights **antibiotic-resistant microbes** equally as well as it fights nonresistant ones.

Dr. Max Gerson's 1958 book on cancer is represented, and you can read his 1954 paper summarizing his view that Cancer is a problem of metabolism and summarizing his treatment as it was then.

Our article on how the Gerson therapy heals explains how too much sodium and too little potassium connects with disease and water retention, and how restoring the sodium/potassium balance in cells is crucial to healing.

Read about the history of his approach and the story of his cancer practice after he emigrated from Germany to New York City in 1938.

A famous German surgeon, Ferdinand Sauerbruch, did a large clinical trial at his hospital using Gerson's diet to cure lupus. There is also a 1992 paper about Systemic lupus erythematosus (SLE).

There is a retrospective study on outcomes from treatment of melanoma and a further elaboration on that study.

There is a large bibliography with links to the documents on this site as well as a

bibliography subset covering only the documents on the site.

Listen to two lectures by Gar Hildenbrand about cancer and its treatment.

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All Documents

Documents that are on this site.

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Here is a partial listing of titles pertinent to the nutrition-based salt and water management of Max Gerson's diet therapy. Applications represented:

- migraine
- allergy
- dermatoses
- cutaneous tuberculosis
- pulmonary tuberculosis
- cardio-renal insufficiency
- cancer

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A husband and wife cancer research team drives cross country to the hometowns of eight improbable survivors of advanced cancer. The survivors tell their stories and encourage US Senator Tom Harkin to help them bring back the famous fever vaccine, Coley Fluid, that cured them. The American Cancer Society is accused by a top medical journal of stopping investigations by wrongly labeling the vaccine quackery. A Freedom of Information Act inquiry at the Food and Drug Administration raises questions about the legal status of the vaccine. Scientists from around the world call for more studies.

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alternatives

Cancer Breakthrough

Sometimes the big breakthroughs are not new drugs or devices; not new ways to detoxify or nourish; not new immune stimulants like vaccines or mushrooms ... sometimes the new breakthroughs are insights into the way things work.

Breakthrough in Understanding

Galileo invented nothing when he observed that the Sun is the center of our planetary system, yet this observation led to his general theory of relativity, which inspired Einstein's special theory of relativity, which in turn gave us digital photography, high-definition television, global-positioning systems, night-vision goggles, solar panels, etc.

Immunology Breakthrough

Dr Polly Matzinger's breakthrough understanding of the way our immune system works (the Danger Model), like Galileo's general theory of relativity, has led to invention; innovations in clinical practice have resulted in better strategies for transfusions, transplants, and cancer treatment.

What "Danger" means to cancer management (in lay language)

● You can clean yourself out and build yourself up as much as possible, but your cancer will just get cleaner and stronger along with the rest of you.

● You can amplify and stimulate your immune system as much as possible; in fact, you can shoot it out of a cannon or rocket it into space, but it will just fly right

past your cancer; it won't even see it.

- You can bomb, strafe or nuke your cancer until it is undetectable, but if you did not clean yourself out and build yourself up, and if you did not amplify and stimulate your immune system, your cancer will come back like an invasion of vampires.

- To create sufficient immune memory for a durable remission, your immune system needs to be involved in clearing your cancer, so it needs to be big and strong.

- Your tumor-infiltrated tissue needs to call your immune system for help and tell it what kind of help it needs, so it needs to be clean and well-nourished.

- Your immune system needs to see your cancer, so your cancer has to be wounded periodically (your immune system homes in on wounds).

- "Danger" means better cancer outcomes using off-the-shelf materials and common sense.

Coley Fluid &

Gerson's Cancer Diet

Download this free pdf of a great lecture.

A Medical Application of Matzinger's Danger Model: Coley's Cancer Vaccine

Nobelist Dr Albert Schweitzer called Dr Max Gerson "a medical Christ who walked among us." With no antibiotic drugs, Gerson cure tuberculosis with diet-based immunotherapy. This was not the carrot-juice and coffee enemas diet therapy being promoted by today's C raw foods alternating with short bursts of apple-potato days, plentiful orange-, grapefruit-, lemon-, and grapejuice; the enemas were ch benzoate. Read and learn from this *free downloadable pdf transcript* of a course taught to medical doctors by epidemiologist .

Practice of Gerson's diet therapy in neoplastic diseases: A tissue-centric nutritional immunotherapy that a Danger Model with its tissue-based effector class control

Also, there are a number of sites retailing versions of a book compiled, written and edited by Christeene Hildenbrand. It was originally original cancer diet instructions, the recipes, and our updates are in the public domain and **available here for free download.**

Nutritional Immunotherapy Home Guide

Visit our partnering oncology practice: **http://www.standrewsclinic.com**

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Altavista

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+host:gerson-research.org whatever
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help Advanced search

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site:gerson-research.org whatever
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Look For
Search for pages containing the search term(s) in the form specified.

Language
Limits results to a specific language.

Word Filter
Limit results to pages containing/not containing the words specified.

Date
Limit results to pages published within a specified period of time.

or on 1 , 19 98

Pages Must Include
Return only pages containing the specified media types or technologies.

image audio video Shockwave
Java JavaScript ActiveX VRML
Acrobat VB Script
extension: (.gif, .txt,...)

Page Depth
Control what type of pages are searched within each Web site.

Any Page
Top Page
Personal Page
Page Depth

Word Stemming
Searches for grammatic variations of your search term. Ex: Searches for "thought" will also find "think" and "thinking".

Enable Word Stemming

Return Results
Choose the number of results to be displayed and the length of each description.

help SuperSearch

Lycos

Search for

Display Results

Select a Language...

15 languages to choose from:

Sort results by ranking importance of the following...

Match all words.....
Frequency of words...
Near beginning of text...
Close together...
Appear in title...
In exact order...

Help

Set all of the above to the same search string

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What's New?

Friday, 2012-06-01

Hildenbrand LC. **Nutritional Immunotherapy Home Guide.** *The official patient guidebook of the GRO/CHIPSA immunotherapy program.* Gerson Research Organization, November, 2011; San Diego, CA.

Wednesday, 2012-05-23
Hildenbrand GLG. Practice of Gerson's diet therapy in neoplastic diseases: A tissue-centric nutritional immunotherapy that anticipated Matzinger's Danger Model with its tissue-based effector class control. *Lecture and PowerPoint presentation to the American Academy of Anti-Aging Medicine Fellowship in Integrative Cancer Therapy: Module II;* June 25, 2011; Las Vegas, NV.

Wednesday, 2010-11-10
Hildenbrand GLG. **A medical application of Matzinger's Danger Model: Coley's cancer vaccine.** *Lecture and PowerPoint presentation to the American Academy of Anti-Aging Medicine Fellowship in Integrative Cancer Therapy: Module V;* August 14, 2010; Boca Raton, FL.

Monday, 2010-11-08
Hildenbrand GLG. **The first century of Gerson's dietotherapy: From salt-and-water managment to immunotherapy.** *Lecture and PowerPoint presentation to the American Academy of Anti-Aging Medicine Fellowship in Integrative Cancer Therapy: Module V;* May 20, 2010; Boca Raton, FL.

Monday, 2010-11-08
Hildenbrand GLG. **A review of techniques used in an epidemiological retrospective evaluation of Gerson's cancer therapy.** *Paper presented by Gar Hildenbrand at the Practice Outcomes*

Monitoring and Evaluation System (POMES) Conference for Integrated Complementary and Alternative Medicine Cancer Practices, sponsored by National Institutes of Health Office of Alternative Medicine (NIH-OAM) and the National Cancer Institute (NCI), Bethesda, Maryland, August 4, 1997.

Wednesday, 2006-11-08
Hildenbrand GLG. Nutritional superiority of organically grown foods. Healing Newsletter 1989;5(2):

Tuesday, 2002-03-12
Gerson M. The cure of advanced cancer by diet therapy: a summary of 30 years of clinical experimentation. Physiol Chem Phys 1978;10(5):449-464

Thursday, 2002-02-28
Updated the Treatment page.

Wednesday, 2001-02-14
Audio recordings of two lectures by Gar Hildenbrand are now online.

Tuesday, 2000-05-23
Cope FW. Mitochondrial disease in man: report of a probable case with successful therapy. Physiol Chem Phys 1981;13:275

Saturday, 2000-01-22
Office of Technology Assessment. Unconventional Cancer Managements - Advisory Panel Meeting transcript. [source unkown] 1990-03-20

Sunday, 1999-07-18
Hildenbrand GLG. Systemic lupus erythematosus: one disease, a thousand faces, a potent management. Healing Journal 1992;8(1-2):

Monday, 1999-04-12
An overview of the web site.

Wednesday, 1999-03-17
Ling GN. A Physical Theory of the Living State: the Association-Induction Hypothesis. New York, London; Blaisdell Publishing Company, A Division of Random House, Inc.; 1962
Ling GN. In Search of the Physical Basis of Life. New York and London; Plenum Press; 1984
Ling GN. A Revolution in the Physiology of the Living Cell. Malabar, Florida; Krieger Publishing Company; 1992

Friday, 1999-03-11
Ward PS. History of the Gerson therapy. Contract report prepared for the U.S. Office of Technology Assessment. U.S. Government Printing Office, 1988
Moss R. The Cancer Industry: The Classic Expose on the Cancer Establishment Equinox Press; 1996
Office of Technology Assessment. Unconventional Cancer Managements. U.S. Government Printing Office; OTA-H-405:1990.

Wednesday, 1999-03-10
Gerson M, Hildenbrand GLG (Editor). A Cancer Therapy, Results of Fifty Cases. 4th and 5th editions. San Diego, CA, Gerson Institute, 1986, 1990.

Haught J, Hildenbrand GLG, (Editor). Censured for curing cancer: the American experience of Dr. Max Gerson. 2nd edition. San Diego, CA, Gerson Institute, 1991.
Sauerbruch F. Master Surgeon (a.k.a. A Surgeon's Life) [Das War Mein Leben.] London, Andre Deutsch, 1953 [Muenchen ,Kindler, 1951]

Sunday, 1999-02-28
Web site created.
Nine documents so far.