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This article has been prepared by Dr. Gerson at the request of the Foundation for Cancer Treatment.

Since *Prevention* first published an article on Dr. Gerson's remarkable cancer treatment, we have received many letters from readers commenting on the article. Now we are happy to present an article by Dr. Gerson himself, outlining his theory of why cancer occurs and how it can be treated, along with most dramatic and convincing case histories. We have purposely left a number of complicated scientific phrases in the article, for we want you to show this article to your doctor. We are certain he will be impressed, especially by the case histories. For more literature and information about the Gerson treatment, see note at end.* Max Gerson, M.D. is the author of a book which will be published soon, *Cancer, A Curable Disease*. The publisher is Whittier Books, Inc.

CAN CANCER BE PREVENTED?

by Max Gerson, MD. New York, N.Y.

Up to the present, the cancer research all over the world has been unable to find anything certain about the underlying cause of cancer and even less about the problem of curing it. Two examples may be quoted here: Jesse P. Greenstein, Chief of Laboratory of Biochemistry, National Cancer Institute, Bethesda, Md., says in his book, *Biochemistry of Cancer*, 1954, page 598, "cancer is a phenomenon coexistent with the living process, that it will be present for some time to come, and that emphasis must be laid on a direct study on the site of malignancy itself." Greenstein is very skeptical about my cancer therapy, but he has the feeling that: "cancer cell is not a system isolated from the living universe..." C. Chester Stock of The Experimental Chemo-therapy, Sloan Kettering Institute, N.Y. writes in *Advances in Cancer Research*, 1954, p. 478: "No human cancer cures are available. . . . There appears no strong basis at present for prediction of the discovery of a cancer cure within the next few years... However, the next few years will bring advances in experimental chemo-therapy ... to be the *few feeble* steps which they are:." That means: the scientific outlook is very pessimistic.

In the dietary field, Tannenbaum studied the effect of reduced caloric intake and found reduced incidence of tumor growths. King investigated the: effect of other dietary restrictions, especially the vitamin C content in hypernephromas and Jensen rat sarcomas (two kinds of cancer). The increased Vitamin C content of these neoplasms (cancers) could not be confirmed by other authors. More studies about that problem can be found in my article "Cancer, a Problem of Metabolism," June 25, 1954.* Freund and Kaminer studied the avoidance of all animal fats and substituted oil for them in so-called inoperable patients. These restrictions and several others had little or no lasting success. All these experiments and studies did not prove to be of much value for the cancer therapy, as they took separately only one or another item of our nutrition into account. Much more is necessary. The combined effect of most of them in the whole metabolism is decisive.

To understand my favorable clinical results by treating the whole metabolism of the cancer patient, I have to go back to the old cancer experiments of Dr. J. L. Alibert, a famous surgeon living in Paris at the time of Napoleon. He was the first who inoculated cancerous material to himself and three of his students. The result was a violent inflammatory reaction lasting a few days, but no cancerous growth appeared in any of the human guinea pigs. These experiments were repeated by Dr. Alibert himself and other

colleagues and showed always a negative result. The failure to transplant cancer into normal human beings was long regarded, scientifically, as uncertain, as the description of the experiments did not show sufficient scientific accuracy. However, many experiments in the following 150 years did reveal that transplantation of tumors is very difficult, even impossible in healthy animals of the same type but can be made successful in the animals living under domestic conditions or damaged by abnormal feeding, virus infections or inbreeding, or weakened by inferior inheritance. These conditions increase the susceptibility, but decrease defense and resistance. Therefore, cancer patients often show secondary infections, an abnormal intestinal flora, osteoarthritis, chronic sinus trouble, different types of anemia and other disorders along with the cancer.

Modern civilization first damages the soil by artificial fertilizers, sprayings, etc., correspondingly our nutrition is denaturalized and partly poisoned, (see Wickenden *Our Daily Poison* and other authors), while our bodies are adapted, through millions of generations, to the natural food. Where there is no modern civilization, there is no cancer (see the Hunzas, Ethiopian people and others) but where civilization starts to change nutrition, cancer starts (see Albert Schweitzer's *Briefe aus Lambarene*, Central Africa, Oct. 1954, page 18/19, and the reports of Eskimos after they accepted canned foods). In addition to the damages to the soil, the food is further damaged by preservation processes as it is refined, dried, powdered, bottled, color added, frozen, until it finally becomes a partly poisoned and entirely dead mass.

This transformation of the food affects the liver of the person eating it to the highest degree. This organ is, in regard to the cancer problem, the most important organ for two reasons. First, for our essential detoxification for which processes the liver uses oxidation, reduction (that is, depriving of oxygen), methylation (that is, mixing it with chemical radicals) or it may conjugate (or mix) the poisons with some amino acids and make them ready for the elimination with the bile. Second, the liver activates and reactivates the hormones, vitamins and oxidizing enzymes, thus regulating and protecting the most vital processes of our life. It is the largest organ in our body and has the strange property of not presenting any characteristic symptoms or pain for a long time, even years. This is most probably the reason why cancer remains a hidden disease till symptoms of one or several growths appear and can be diagnosed. No wonder that many leading surgeons come, at the end of their career, to the conclusion that surgery is not the answer to cancer, while I found in more than 25 years of clinical cancer work, that the diseased condition of the liver in connection with that of the intestinal tract is the underlying cause for cancer development. The correctness of this theory is proven among other findings by the statistical increase in cancer incidence corresponding with the increase in liver diseases, which is astonishing just in the last few years. Bateman reports in the *Journal of the American Medical Association*, October 20, 1956, that according to cancer statistics there is: "an increase in incidence, morbidity, and mortality in spite of improved x-ray techniques, increasingly extensive operative procedures, and education regarding early detection. It appears that the problem of the so-called hopeless case will remain large for some time to come."

The question of whether cancer can be prevented has to be generally answered as "no." To really wipe out cancer, it would be necessary to change our agriculture by avoiding artificial fertilizers and all types of sprays. In addition, it would be necessary to change the ways of preservation and distribution of foods and to avoid depriving them of their natural, vital values. That means: not to can, bottle, refine, or subject food to other damaging methods. I think that only some individuals will be able to accomplish the difficult task of avoiding or reducing to a minimum all methods which modern civilization has brought upon us. On the other hand, great revolutionary transformations would be necessary, pressed by the strongest demand of a great part of the population to accomplish this vital task for the wellbeing of our future offspring.

As long as all the historical observations and those of our present time remain “paper warnings” only, we cannot speak about prevention of cancer. Such paper warnings, even given in the strongest and most convincing way did not save old Persia, the ancient Egyptian people, the culture of Greece, and the people of the Roman Empire, (Roma eterna). All these and many more had to go down after “their modern civilization” ruined the simple habits of life and nutrition, but increased degenerative diseases.

In the United States, our upward rise went quicker than in all other, ancient countries and degenerative diseases with cancer and mental sicknesses, have increased much faster too. In the last years degenerative diseases appear in our babies and children, especially in the form of leukemias. It is an illusion that the clinical attempt to detect early symptoms means prevention of cancer. Prevention is possible *only* if we know the cause of cancer. In my opinion it is based upon the degeneration of the liver and I repeat: the beginning degenerative changes in the liver do not show any symptoms for a long period. For that reason the removal of one or several cancer symptoms (growths) by operation, or x-rays or radium does not remove the underlying cause, therefore the tumors regrow sooner or later.

The other question of whether we can cure cancer has been answered in a number of articles that I have published since 1946. I have shown that cancer can be cured even in so-called inoperable or far advanced, given-up cases. Four such examples of unpublished cases may be described here.

The treatment (a combined totality regime) has to make good what modern civilization and other methods and occurrences have ruined before, in the liver and whole digestive tract. In short: The treatment consists of a saltless, fruit and vegetable diet, excluding all refined, canned, bottled, powdered, frozen, etc. foods. The patient gets plenty of salads and, every hour on the hour, freshly prepared juices of apples and carrots, green leaves, one orange juice, and three calf’s liver juices. In addition, vegetables, baked potatoes, and stewed fruit. Preferred are fruits and vegetables with high potassium and low sodium content, like apples, potatoes, apricots, etc. As the content of fruits and vegetables of modern farming shows potassium increasingly diminished by the years, we are forced to use more of them grown by organic gardening methods. Seventy-five percent of the food we serve is raw, a living substance, finely grated or in the form of juices. All are easily digestible. The rest is cooked. After six weeks, saltless and creamless pot cheese, buttermilk, and yogurt can be added. The medication used is a potassium compound, iodine in the form of thyroid and lugol, niacin and liver injections with vitamin B₁₂. Numerous cases published before and the following four unpublished cases show the effectiveness of this method.

Case No. 1. Mrs. M. A. K.

Diagnosis confirmed by biopsies: Neurofibroma with rapid growth and development of sarcoma.

1. Operation: Feb. 1941. Removal of tumor on the lower part of nose.
2. Operation: 1943. Removal of recurrent tumor mass (nose).
3. Operation: 1945. Again, removal of recurrent tumor. (Upper lip and gum).
4. Operation: June, 1949. Two tumors removed, one from forehead, one from top of head.
5. Operation: Feb. 1950. A large tumor, like a potato, removed together with the middle lobe of the right lung.

Condition when first seen on June 20, 1950:

There were 12 smaller tumors all over the body: one at the middle part of the left upper jaw bone: one at the right upper lateral eye bone (orbita) pressing on the eye lid; one at the right temporal part of the head; one at the left upper arm; two at the right lower arm; two on the left hip bone-abdominal wall, etc.; hearing of the right ear reduced; right eye partly closed by inborn cataract. Treatment started immediately. Within one month most of the tumors were no longer palpable. After two months all tumors disappeared.

In the following months most of the scars were absorbed but the liver tests showed that this organ could not be entirely restored; therefore, she was advised to continue the treatment partly.

After her marriage she was, against my advice, off the diet for two years. All was good till December, 1955 when she noticed that the right arm became shaky and she could not write. She was dizzy and when going down stairs, she felt as though she were going to fall down. In the following months, her vision became reduced especially in the right eye where she felt tightness and pressure. The eye specialist found the symptoms of a brain tumor and on May 15, 1956 recommended immediate operation for decompression to avoid blindness. She returned here on May 19, 1956. On May 22, 1956, the eye specialist here found "this is a serious case and deserves the utmost and immediate care," (decompression). However, with the agreement of the mother, we decided against the operation, but to apply the strongest treatment. On June 22, 1956 the same eye specialist found "a phenomenal improvement." In a corresponding way, the whole body, her walking, writing, etc. improved and continued to do so up to the present time according to her letters.

Case No. 2. Mrs. D. J.

1923 Diagnosis: Myosarcoma (according to biopsies)

Operations and Treatment:

1923 Growth on left upper femur removed.

1923 Removal of recidives (recurrences) from same spot.

1924 Removal of recidives from same spot. X-ray treatments begun.

1925 Removal of the whole mass of scars again at the same place. Since that time wound has remained open.

1928 Skin grafted on open wound.

1929 Removal of piece of bone at same place. Wound healed and remained closed until 1940.

1940 The scar mass-ulcerated again. Bone inflammation and destruction set in.

1941 All scar masses removed and skin grafted. Treatment with penicillin and antibiotics until 1944.

1944 Small bone splinters removed. 1945 More small bone splinters eliminated.

1946 Another skin graft attempted. Wound remained in status quo until May 25, 1951, when patient fractured leg.

1951 Long metal plate, 2/3rds of entire length of femur, was inserted and nailed to bone with silver screws at Medical College of Virginia. The muscle and skin would not heal.

1952 Removal of necrotic masses.

September, 1952, first seen here and treatment started. Patient was bedridden. There was a large extended ulcer-opening, nearly the entire length of the left thigh. In the depth of the large defect, a greater part of the metal plate could be seen. There was abundant secretion of pus. Severe pain. Bursitis in left hip joint. Could hardly walk on crutches.

March, 1953. Entire ulcerous wound closed and healed. Growth of new bone has broken two of the metal screws causing slight pain while walking. Bone, surrounding muscle and tissues have been almost completely restored. Plate can now be removed to restore normal use of limb.

May 19, 1956. An orthopedic surgeon removed the metal sheet which had kept the separated parts of the left femur together. At the operation, he found that four of the screws were broken, one he could not remove. The healing power in the bone was so strong that the pressure against the metal broke four screws in pressing the sheet upwards and outwards.

Note: While the duration of the case of Mrs. J. under this treatment covers a period of only 4½ years, the case is one of the most interesting because of the long series of treatments and operations prior to this treatment, and due to the fact that the treatment has restored the use of a limb which was apparently destined to be lost.

Case No. 3. Mr. L. W.

Clinical Diagnosis: Cancer of the prostate with several bone metastases. Arteriosclerosis and high blood pressure.

Previous History: Five to six years ago he was examined for prevention, in Memorial Hospital for Cancer, all was negative. Next year he was examined in Life Extension Institute where again all was negative. But from 1950-51 he observed severe pain in the lower back, loss of weight, frequent urination especially at night and was examined by two urologists. His wife was informed that there was an enlarged prostate condition with metastatic findings (several) in the lower spine and pelvis. Therefore, no operation possible and no confirmation by biopsy necessary, (medical report).

Condition when first seen in my Cancer Clinic, May 20, 1952: Patient complained about prostate condition of 15 years duration. He had to urinate at night 3 to 4 times, in the morning it was very difficult for him to urinate but during the daytime the stream was mostly a little stronger. In the previous years he also observed some dizziness and eye trouble. The treatment before had consisted of several types of female hormones which enlarged his breasts, but did not help him otherwise. The blood pressure was 182/94. He had 64 not quite regular pulses. Rectal examination revealed a very large prostate, with some nodular surface on the left side. The heart was enlarged about one finger to the right and one finger to the left side. Both second vessel-sounds were accentuated.

The findings of the Radiologist, Dr. Ziegler, on the x-rays taken on *June 5, 1952*, read as follows: "The upper two-thirds of the sacroiliac joints, especially the left one, are partly obliterated. In the surroundings there are a number of irregular areas of translucency extending also into the sacral regions. In addition there are also several areas of osteosclerosis. At the lower portion of the spinal processes of the second, third and fifth lumbar vertebrae there are osseous defects with irregular and hazy borders. These alterations point to metastases of an osteolytic and osteoplastic character."

The urine showed, in the beginning, albumin plus 2, trace of sugar, leucocytes 20 to 25 per H.P.F., and few red blood cells. Some of the specimen showed also hyaline casts and a few granulated casts.

The combined dietary regime was immediately applied, May 20, 1952.

In the months that followed, the x-ray examination showed an increase in the osteoplastic process, especially in both sacro-iliac joints.

On July 10, 1953, re-examination of x-rays revealed the following: "The previously seen osteoplastic process in the region of both sacroiliac joints has decreased. The joints themselves are again better outlined. No signs of metastases are revealed."

In the following years, the urination became more difficult. A urologist had to dilate the urethra several times and this did not help enough. He recommended a prostatectomy. The operation was performed on November 1, 1955, as a so-called suprapubic prostatectomy, one stage, with bilateral scrotal vasectomy. The pathological diagnosis: "No malignant changes noted."

In the last year we were able to clear the urine and reduce the frequency of urination to a minimum. Remarkable in this case is that we were also able to reduce his uric acid condition in serum from 6.8% to a normal condition of 4 mg. %. His arthritic pains were reduced to a minimum. He is free of dizziness and the blood pressure the last few years is around 140/84.

His present age is 81. The eye specialist writes on January 27, 1956: "The remarkable thing is that the whole vascular picture is very moderate compared to the patient's age." (After four years of treatment).

Case No. 4. Mr. E. B.

Previous History:

April, 1955. It started with a small lump in right testicle.

August, 1955. The right testicle was removed and a radical periaortic gland dissection was made, by a cut around the abdomen up to the right kidney.

Clinical and Pathological Report Reads: "In August of 1955 the right testicle was removed and a periaortic node dissection was done for an embryonal cell carcinoma of the testicle. All the nodes along the aortic chain were involved with metastatic cancer. Following the surgery he had extensive x-ray therapy to the back, chest and mediastinum.

In March of 1956 an x-ray revealed the presence of metastatic nodules in the chest. At the time of his departure from here he was receiving additional x-ray therapy to the metastatic nodules in the lung, 82 altogether. It is our feeling that this is a hopeless problem and any further treatment other than symptomatic relief as symptoms develop is unnecessary."

Despite the fact that Mr. B had had the extensive surgery and extensive x-ray therapy, new lumps and glands appeared in the right pubic and pelvic area and metastatic nodules were noticed in both lungs. Hopeless prognosis was given to his wife, despite the fact that she was expecting a new baby in the next few weeks.

April 13, 1956. Patient was first seen here at the cancer clinic and treatment started. Patient looks pale, anemic, depressed, puffy. Weight 184 pounds. Blood pressure 107/70. Pulses regular 84. The abdomen is distended and shows, in the middle part, some resistance. The liver seems to be only somewhat enlarged, and somewhat harder. The lungs do not show any clinical symptoms. The right pubic and groin area is extremely enlarged from infiltration of tumors and glands, also the penis.

May 12, 1956. X-ray specialist's report: "The previously seen shadows in the left lung have decreased in number. The shadow in the right lung has nearly disappeared."

May 26, 1956. "The previously described shadows in the left lower lung field are partly smaller and are partly no more visible. On the right side they are scarcely recognizable any more."

The later reports in June and August, 1956 show that the patient feels well and hopeful, but the blood counts present an exceptionally slow recovery, most probably due to the many x-ray treatments (82). He is working now for 7 hours a day, feels well, and is continuing the reduced treatment. The last x-rays are free of shadows.