No Cancer with Normal Metabolism: Results of a special therapy

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We physicians need a theory as a guiding interpretation and as a basis for applied therapy. Experiments have taught and it has been repeatedly confirmed that repeated tarring of the skin first produces benign warts, so-called papillomas; renewed tarring increases the stimulation of epithelial cells to form new warts. But still after 6 months new warts cease to form at the same time as the tarring ceases and the old altered cells revert to the biological cells again under the biological laws of harmony in the body. The final transformation into cancer cells is something completely different, s o m e t h i n g n e w. It means disordered, wild proliferation of the cells, detached and independent of the all-ordering rules and the superior nervous centers of the body. I believe that it is not the cell a l o n e that decides, but the whole body or rather the vital organs have failed before, have lost their defense and and healing power first partially, later completely. The great, all-ordering coordination ability in the body has been lost.

Yamagiwa (1915) and *Itchikawa* (1918/21) [1] described that the tarred cancer animals showed changes after 8 months and later in liver, kidneys, spleen, and in glands. It was overlooked that the local irritation and skin reaction does not create the final transformation into cancer, but that the general above-mentioned disease only takes place after an interval of time and after that it comes about what allows or triggers cancer development.

Bauer's theory of mutation [2] and that of many other authors get stuck at the local factor. In these cells all kinds of stimulus factors are theoretically projected into these cells, but all of them remain without significance. The experiments of *Murphy* and *Sturm* [3] prove that the local factor is not decisive: If tar was rubbed into the animals at different skin sites, 60-78% of them developed cancer of the lungs. *Schabad* [4] removed the rubbed areas before the development of cancer and obtained cancer of other organs, as well as *Fischer-Wasels*, *Beck*, *Oberling* and *Raileanu* [5] when they injected tar under the skin, into the trachea or vein; often cancer developed on the ears of the animals, where the numbers, fixed with metal rings, caused chronic inflammation. New experiments are needed to show whether the **onset of cancer transformation** coincides with the **general disease**, whether and to what extent it precedes it or follows it.

I believe that the first cancer cell or the first cancer cells have been forced to go over to carcinoma metabolism in order to save their lives.

Accordingly I imagine the development of cancer briefly that not o n e s p e c i f i c factor, but **several conditions** are necessary for it: A local process, consisting of previously chronically damaged or not fully matured cells, or *Aschoff's* transitional cells, where the actual symptom appears later. In addition to the local process a general factor must be added, which remains clinically hidden and has not been taken into account enough so far, but which brings the decision. My therapy is directed almost completely against this second general part, which belongs to the total metabolism.

An exception to the theory is made by viral infections in that they can cause almost immediate cancerization without a latency period. Moreover, their multiplication goes in parallel with the multiplication of tumor cells and finally the infection causes formation of specific antibodies after surgical or radiotherapeutic treatment [7] and immunity, which is almost always absent in carcinoma. Such infections with their cancerous tissue development are outside the rules of the usual cancer development.

Already *Volkmann* (1875) [6] and many authors after him have described the latency period between the first appearance of the skin lesions, tar and kerosene [paraffin?] dross, and correctly formulated the later transformation into cancer. After all they did not consider the final cancerization as a consequence of a general damage and dared to build a therapy on it.

In the therapeutic search they found the first cancer healing by influencing estrogenic hormones on the metabolism. Thereupon the sexual organs were switched off and the opposite hormones were applied, but with little or only temporary success. Thus, I gradually came to establish as a basic idea the sentence: No cancer can develop in a body with a normal metabolism. The **therapy** must therefore **strive** to **make the overall metabolism as normal as possible** or to bring it near to the norm.

In the metabolic defect, however, there is no simple specific insufficiency or general allergy. Therefore it is not sufficient to replace missing vitamins, hormones or minerals, or to eliminate all possible allergens which *Coca* sees as the effect of my diet. What I assume will be explained later. The relapse into the embryonic state of these abnormal cells was forced. Biologically this is not so extraordinary in the body, because also severe inflammations can (according to *Schade* [8]) bring back some tissues to the embryonic metabolism, especially connective tissue and capillaries (not so easily epithelial cells), and thereby produce rapidly growing proliferation tissue, but all remains within the bounds of expediency. In contrast to cancer the cells that used to be normal return to normal after they have fulfilled their special job; cancer cells never do so. Once cancer cell, cancer cell forever, as all experiments [13] have shown. So there must have been something abnormal in these cells before the transformation took place.

This idea gets further clinical meaning by the observation that the more **malignant cancer types**, such as melanosarcoma, lymphosarcoma, chorionic epithelioma, carcinoma of pregnancy, **respond most rapidly** and extensively **to therapy**, whereas less malignant types respond more slowly and the benign tumors, such as fibroids, prostatic

hvpertrophies, osteomas, etc., are very troublesome and only after a long time transformed into scar tissue with or without calcification. Thus it may be concluded that the cell types which have deviated the most from the norm collapse completely and are sucked up the fastest, often in an almost unbelievably short time of several days, the other types gradually slower.

The cancer tissues are, as almost all authors agree, electrically negatively charged (*H. S. Burr* et al [9]). Accordingly, they belong to the lower standing tissues with lower differentiation, as we find them in the lower animal species and in the embryo. Theoretically, according to the theory of *Rudolf Keller* [14], they should be richer in sodium, chloride and water, correspondingly poorer in **potassium** and the **potassium group**. Strangely enough, that biologists could not confirm this, with the exception of *Moravec* [15]. From the foetus [12] we know that as maturation progresses the sodium content of the important tissues decreases and the potassium content increases, until half a year after birth a potassium majority in the major organs exists. Again, we come back to a general law of nature for the development of cancers , namely, that increased sodium and iodine content leads to rapid growth with less differentiation, as we find these two components of the sodium group especially increased (*Keller* [11]) in the lowest living organisms, bacteria, bacilli and parasites. Vice versa, we find that more potassium and more minerals of the potassium group, together with a rational iodine content, lead to increased differentiation and slower growth as in higher animals and humans. The potassium-rich muscles are best protected against cancer metastases.

From clinical pathology we further learn that cancer develops especially where **sodium chloride and water** are reabsorbed in collecting ducts, i.e., in the excretory ducts of the mammary gland, the parotid gland, the submaxillaris and sublingualis and the pancreas, more than 60% in the head - Duct. or Papilla Vateri -, in the bile duct-system of the liver, very rarely in the small intestine, where no Na is reabsorbed, more frequently in the colon and especially frequently in the sigmoid and rectum, where most Na is reabsorbed, finally in the outlets of the sweat and sebaceous glands of the skin. For the kidney one might assume something similar.

A regression of finished cancer cells into normal tissue has never been observed with the exception of very rare observations in the test tube on cancer cultures. Therefore, for therapy the most natural thing to do is to cut off the biological conditions for cancerous tissues to live on by means of metabolism. For my **therapy** serving this purpose **several points** are of **decisive importance**:

1. In cancer tissue and its metastases: Elimination of Na, Na-group (oedema) (especially NaCl H2O). This provides the negative fermentative enzymes (xanthine dehydrogenase, acid phosphatase, deoxyribunucleodesaminase, ribonucleodesaminase) etc. are deprived of the conditions for their activity, the cancer cells collapse, otherwise the shortening of the tumors that takes place in days would not be understandable. Toxins are excreted at the same time as the oedema, a large number of which act like enzymes, some of them as hydrolytic enzymes or kinases, classified as proteolytic enzymes.

2. The surrounding tissues are likewise released in the beginning from oedema and toxins - but in contrast to the cancer cells the cells that were previously only damaged are now filled with electrically positively charged potassium containing molecules and those of the potassium group are brought back into the cells [11]. Thus, some basics for the resumption of the function of the likewise positively charged oxidation enzymes [16] are restored, namely the necessary pH and the positive electrical charge necessary in the important organs. Besides enzymes, vitamins, which often act as coenzymes, have to be brought back, as well as the necessary hormones, which partially stimulate or partially hinder the action of the enzymes with the help of the hypophyse and the adrenal system. And finally, the visceral nervous system, approaching the norm again, must intervene actively and in a regulating way in many cellular functions (circulation, secretion, metabolism, etc.). Thus, at the end symmetry and harmony in the function of the organs are restored.

3. Enough functioning liver tissue must be present and remain present to maintain metabolism in the main pathways. This makes it possible that the previously damaged and more or less depleted liver can be replenished during the day. So it can constantly [day and night] deliver the necessary substances into the blood. Therefore, vegetables, fruit juices, fresh fruits and fresh calf's liver juice are consumed richly approximately every hour during daytime with abundant vitamins, enzymes, auxons [17], minerals, etc. The liver juice contains fat 0.16%, proteins 1.20%, cholesterol 0.03%, etc.

Briefly summarized, the theoretical target of the metabolic cancer problem is that with the removal of the oedema and detoxification of the cancer cells the condition for fermentation is removed and vice versa to restore the condition for the function of oxidation enzymes in the vital organs, which have to be supplied with freshly prepared juices for a longer period of time. This is a great biological intervention, which probably affects all metabolic branches. The focus of these therapeutic efforts is the liver, because this is where a large portion of the necessary metabolic processes take place and where the oxidative enzymes are reactivated (*Rudolf Schönheimer* [18]). Clinical experience repeatedly shows in severe cases, that the liver is sacrificed most to a great extent for the defense and temporal maintenance of the body.

4. Since about 90% of all cases that come to me are so-called generalized cancers or end cases, in which the usual methods have been applied in vain, detoxification of the body plays the main role in the beginning of the therapy. These seriously ill ones need [rectal] infusions by day and night, at first every 3-4 hours, later less. Painkillers are no longer given. For pain relief the patients receive coffee-infusions [rectal infusions] and in the beginning a mixture of aspirin 1/3 gram, niacin 50 mg, and vitamin C 100 mg three to four times a day. The greatest care is required for the elimination of the toxins accumulated in the body and, in addition, those freshly absorbed from the collapsing tumors, otherwise the patients will die of the so-called "coma hepaticum". Several autopsies have shown that the large hepatic organs overloaded with cancerous nodules have become unable for the healing process. The same applies to diffuse, considerably shrunken cancer cirrhosis. Another part of enlarged toxic severely damaged livers with some palpable nodules and jaundice could still perform the healing. However, some of

these perish after a period of 8-16 months without the cancer still playing a damaging role. Liver cirrhosis with ascites was found, jaundice without cancer, etc. These brief statements about the importance of the liver and the importance of elimination of toxins should be enough here.

Case 1: Mrs. D.S. (demonstrated in Berchtesgaden in October 1952), 44 years old.

1939 radical hysterectomy because of multiple myomas. In 1942 she observed double vision for about 2 months and simultaneously the visual acuity in the left eye decreased outwardly. Later she became very nervous, irritable, had attacks of melancholy and anxiety, headaches increased in severity and severe discomfort started in the lower lumbar spine. The ophthalmologist found brisk pupillary reaction, fading of the optic discs, constriction of the fine arteries, and loss of vision of almost the whole right eye. Beginning of outpatient treatment on February 14, 1946. Few months later she felt well and reduced iodine medication and diet therapy to a minimum. Her condition deteriorated rapidly in August. In September 1946 she was admitted to my ward almost unconscious, back to my treatment. It was possible to bring her out of the sub-comatose state by copious enemas and the supply of juices. She recovered in a relatively short time, was discharged at the end of September, was able to resume her full housework after 2 to 3 months, was able to resume her full housework and with her eye condition as shown on September 29, 1946 she could read and write again and later even manage her husband's correspondence. It is interesting in this case that after the collapse in 1946 she had complete alopecia around the vulva, in both armpits, on both forearms, and legs. After a year hair began to grow again and is restored now. The dull feeling in hands and fingertips disappeared after about 2 years. Furthermore, it is interesting that she had a breakdown with severe depression three times, each time when she interrupted Lugol's and thyroid medication for longer than 5-6 weeks. At present, after 7 years, she feels stronger and more willing to work than in the years after the hysterectomy.

The diagnosis of the neurologist is: tumor of the hypophyse, sella turcica is expanded to the greatest extent, and the surrounding bones partially distroyed. The right eye is blind and half of the left eye is disrupted.

X-ray findings: The sella turcica is extraordinarily dilated, the back and the Processus clinoidei ant. and post. are destroyed. As it progresses, the sella remains greatly dilated. Considerable osteosclerosis is formed in the vicinity of the floor with a sharp borderline. Larger parts of the Proc. clinoidei ant. and post. are visible again (see Figs. 1-3 S. 187).

Case 2. Mrs. A. B., 30 years old, married, 2 children.

Abortion on January 25, 1953. Curettage because of bleeding. Three days later renewed bleeding. Admitted to hospital on February 17, 1953. February 23, new curettage. Aschheim-Zondek test positive in blood and urine. Microscopic diagnosis: trophoblastic elements, exactly as in the chorionepithelioma. On March 4, reddish gray fragments again

out of the vagina. Microscopic diagnosis showed the same findings. On April 9, the uterus showed enlargement as in a pregnancy of 10 weeks. Total hysterectomy was performed on April 20. She did not tolerate x-ray treatment.

My treatment began on May 4, 1953.

The patient was in a desolate condition, extraordinarily depressed, had very severe, constant pain in the back and lower abdomen. In the right lower quadrant two masses the size of small tomatoes were found, extraordinarily painful to the touch, liver and spleen were not significantly enlarged, no free fluid in the abdomen. From the vagina a medium secretion of a whitish mucilaginous consistency. Zondek-Aschheim was strongly positive in the urine, in blood serum 1:40 positive. On May 19, no tumor could was palpable, the patient was up and about, without any complaints. The former intestinal sluggishness was cured, patient is feeling good now.

X-ray findings: On May 22, 1953, a series of irregular shadows in the lateral part of the right lower lung field, from which a series of stripe-shaped shadows extending to the hilum. On June 3, 1953, the mentioned shadows have partly completely disappeared, partly only indicated (see Figs. 4-7 pp. 187 and 188).

Case 3: Mrs. A. Y., 56 years old, 5 children.

In February 1952, she noticed a tumor in the lower left hip, at the same time pain in the right shoulder and knees, at the same time onset of menopause. The tumor grew slowly at first, later very rapidly. She had surgery on August 12, 1952. The tumor was removed in a large extent, the microscopic diagnosis, confirmed by 2 other pathologists, was: "malignant synovioma". After the operation she received 14 deep irradiations, which could not be continued due to slight skin burns. After the return of the tumor amputation of the left leg and the left half of the pelvis was recommended but refused by the patient.

On admission on September 4, 1952, she showed on the left thigh just below the greater trochanter a hard mass 10 cm long and three fingers thick, painful on pressure. The circumference of the right thigh in this area was 51 cm and that of the left thigh 57.5 cm. X-rays of the pelvis, spine, and of the lungs were negative, on the upper femur soft tissue tumor masses were visible, but not later.

On September 27, the upper half of the tumor was absorbed and the lower half greatly reduced, gynecological examination negative. By the end of October the left leg was almost back to normal, circumference 1/2 cm more and no tumor. Only the old 20 cm long surgical scar remained sensitive. At present, the patient feels well, is fully able to work, and the severe inherited migraine has also disappeared except for minimal remnants.

Case 4: Mr. C. H., 48 years old, married, 2 children.

November 1948 he noticed unsteadiness in walking, later difficulty in speaking and weakness of the left hand. He became dizzy easily, at the end of the day he could hardly speak. In the following months visual disturbances appeared and the right corner of his mouth drooped. At the hospital he was diagnosed with a cerebellar bridge tumor. On April 6, 1949, he underwent surgery. A large hard tumor mass was found in the left internal auditory nerve opening, which was at first thought to be a spindle cell sarcoma; only a part of it could be removed since the tumor had grown over a wide area into the petrous bone. Microscopic finding: "malignant schwannoma" of the left cerebellopontine angle. One found the 5th, 7th and 8th cerebral nerve largely disturbed in function.

Beginning of my treatment on May 23, 1949. patient is almost completely unconscious, but recovers after a few days. The left eye is deviated to the center (left abducens paresis). The left corner of the mouth hangs down, the tongue deviates to the right, speech considerably disturbed, without articulation, very blurred. Left arm much weaker, left leg also shows stiffness and ataxia. In the course of the next few weeks the patient improves remarkably quickly. After about 4-6 weeks he is able to walk again with the help of a cane, food intake normal again. For about 1 1/2 years weight has been regained, the left leg improved after about a year. The left arm and the left hand took about 1 1/2 - 2 years to recover. The speech is largely restored, only after prolonged speech the corner of the mouth is still slightly lowered. The balance is only partially restored. At least he has been able since 3 years to repair automobiles and radios, do housework and fine work as a watchmaker.

X-rays: Partial destruction of the anterior upper left petrous pyramid. Sella turcica enlarged as a whole, anterior and inferior wall severely thinned, posterior wall partially destroyed. Anterior and inferior wall now emerge clearly again, posterior wall unchanged. Also the process at the petrous pyramid shows no significant changes (see Figs. 8-10, pp. 188 and 189).

Case 5: Mr. J. A., 34 years old, married, 1 child.

March 1950 he noticed secretion and enlargement of a pigment spot on the right shoulder blade. It was removed in March 1950 at the Juneau Clinic in Alaska. 7 months later 2 larger tumors appeared in the right axillary cavity. On November 17, 1950, this was amputated along with the right arm and the entire right shoulder at the Veterans Hospital in Portland, Oregon. In July 1951 a lump appeared on the left side of the chest in the 2nd iatercostal space. All recurrences were characterized as „malignant melanoma“. Later, a larger mass on the right side of the breast was removed and shortly thereafter a rapidly growing, black mass appeared below the left ear. The patient was recommended to undergo another radical operation with removal of the left neck muscles, but he would have to wear a leather collar to protect the large blood vessels. The patient refused.

My treatment began on October 25, 1951. He showed a blackish shimmering mass in the upper half of the left sternocleido. He complained of severe coughing attacks,

sometimes lasting 2-3 hours, until he finally ejected a whitish mucus mass to be expelled. However, the x-ray of October 29, 1951, showed no pathological finding. In addition to the tumor mass, 3 smaller glands were found on the anterior margin and two on the posterior rim of the left sternocleido. The whole left neck region is swollen to a medium degree, red and very hypersensitive. After six days the tumor was no longer felt, the glands disappeared after 11 days. Coughing attacks subsided after a few weeks, as well as the nervous hyperirritability. Up to now the patient has remained free of all recurrences and can perform his normal work undisturbed.

X-ray shows complete absence of the right shoulder and arm. Normal lung findings (see Fig. 11 p. 189).

Case 6: Mrs. B. A., 52 years old, married, 2 children.

1934 Thyroid operation for active Graves' disease [M.Basedow].
1936 Recurrence cured by administration of Lugol's solution.
During menopause melancholic disturbances, ameliorated by electric shock treatment. In December 1952 she slipped and broke the right thigh below the neck. In the hospital a tumor in the left breast was diagnosed with metastases in three ribs, three more in lumbar vertebrae and an extensive metastasis in the right femur with fracture.

My treatment began on February 23, 1953.
Patient is bedridden, has considerable pain in the lumbar region and right hip. In August she attempts to walk with a cane, in September she walks around freely and resumes her housework. The breast tumor has disappeared to a minimal residue. The depressive disorders completely balanced, no complaints.

X-rays: Extensive metastatic tumor in the upper right femur with severe destruction at a rather deep rather deep infraction.

The defects have now been mostly replaced, the fracture closed by callus. The other changes (not shown here) are also largely improved in terms of x-ray (see Figs. 12 and 13, p. 189).

Case 7: Mr. D. Th., 31 years old.

Since first childhood he had a chronic eczema and strange, dry, thickened areas of skin over the whole body. All possible anti-allergic treatments, including immunization in several clinics, were unsuccessful. At the end of 1948 and in 1949 he was found to have a „malignant lymphoma simulating giant and follicle lymphosarcoma", confirmed as such by various pathologists.

The first series of x-rays reduced the glands on the neck and right axilla, less the glandular package in the upper mediastinum. On admission on February 27, 1949, I found

on the right side of the neck a palm large burn with secretion, below new glands, likewise on the other side of the neck. Intense attacks of pain in both legs, lasting for several days and forcing him to lie on his stomach in bed. X-ray examination revealed enlargement of the upper mediastinum and soft tissue swelling in the right supraclavicular fossa. The glandular swellings disappeared in a few weeks, the mediastinal enlargements in half a year, and the attacks of pain in both legs, considered by several specialists as funicular disorders, only after 8-10 months. Patient is free from further recurrences until now. The skin disorders have disappeared except for small remnants.

Case 8. K. B., 16 years old.

March 1950 he observed a rapidly increasing swell on the right side of the neck. Microscopic examination of 2 glands at the hospital revealed "lymphosarcoma of the Hodgkin's type." The subsequent X-ray treatment was successful at first, but after it was discontinued a rapidly increasing lymphoma appeared on both sides of the surgical scar.

My treatment began on August 15, 1950.
The lung was clinically and X-ray clear and remained free of metastases. After an infection some small glands appeared temporarily on both sides, which disappeared quickly. The patient remained free of further disorders and is now studying medicine.

Summary

Cancer is not only a local disease, but both a local and a general metabolic based process.

The development of cancer or the local symptom originates, when abnormal cells with chromosomal mutations (according to *Boveri*) are forced due to pathological changes in metabolism to live more fermentatively.

The goal of my therapy is to bring the overall metabolism back to normal as far as possible, mainly by diet as well as by additional medication. This therapy results in more than 50% success even in so called terminal cases.

In this way, with the help of metabolism, it is possible to fulfill both tasks at the same time: to cut off the cancer's life conditions and to restore the previously normal tissues back to their biological function.

This means restoring the body to its status as it was before the cancer developed. Then the abnormal cells are suppressed again and harmless.
(END)

For an overview of the Gerson therapy: http://www.doctoryourself.com/gersontherapy.html
Excellent biography of Dr. Gerson: http://www.doctoryourself.com/gersonbio.htm

Publications by Dr. Gerson: http://doctoryourself.com/bib_gerson.html
Scientific papers about the Gerson therapy:
http://doctoryourself.com/bib_gerson_therapy.html
A Cancer Therapy: Results of Fifty Cases by Max Gerson is briefly reviewed at
http://www.doctoryourself.com/bestbooks.html
For further reading: http://www.doctoryourself.com/mgerson.html

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