

More Letters

Response to "Sales Pitch for Linseed Oil"

Editor:

It is unfortunate that a Newsletter such as yours, with an editorial policy of openness to nutritional ideas and metabolic therapies, occasionally publishes material which is the result of incomplete information. It is still more regrettable, however, that the author of such an article then uses this 'information' to level ugly attacks on others.

Dr. Raymond Peat, in his article on "Sales Pitch for Linseed Oil" makes a number of statements which are not defensible. For instance, Johanna Budwig is a licensed and accredited M.D., which Peat does not mention. On the contrary, he puts her "scientific work" in quotes, implying that it may be pseudo-scientific. Dr. Budwig has documented results in reversing metastasized cancer with her use of flaxseed oil in combination with milk proteins (Quark: cottage cheese). Peat attacks her work with statements about linseed oil, quoting "It is known that..." Who knows? And do these unnamed persons heal cancer?

Udo Erasmus is thoroughly familiar with the chemistry of fats and oils and has worked for some time as an observer of Dr. Johanna Budwig's work. The expressed "suspicion" by the author that neither Erasmus nor Budwig have studied organic chemistry is another snide remark.

When authors make statements about effects of materials, it is always a little dangerous when these substances are "controversial." The supposed deleterious effects of unsaturated oils, discussed by some researchers, can be disproven by others.

However, when Peat quotes Dr. Gerson's work and refers to Gerson's book, *A Cancer Therapy*, of which he purchased the first edition published by Dr. Gerson while he was still alive (1958), Peat could not have read Appendix I of the second edition which discusses various items in respect to linseed (flaxseed) oil. Peat could not have known that:

1. During the last year of his practice, after the first edition of his book was published, Gerson added linseed oil to the diet of his cancer patients with excellent results. (*A Cancer Therapy* - 2nd ed., pp 397-398).

2. Dr. Gerson wrote an unpublished letter to Professor Albert Schweitzer, in 1958, which we later published in the Gerson Institute's Newsletter #3, Sept/Oct 1984, as follows:

"You will be interested to know that after years of effort, I have succeeded in stimulating the fat-metabolism without bringing malignant cells back to life. All previous efforts failed even after many months of improvement, as cancer cells flared up when oils were added to the diet. I found finally that linseed oil, when cold pressed and prepared without chemical additives, is extremely valuable.

In far advanced cancer patients, we give two tablespoonfuls of linseed oil daily for a short period of time; then one tablespoon, and later still less. Linseed oil has three unsaturated fatty acids. It is said to be the only oil in the world with these properties. According to the literature, especially in papers by Johanna Budwig from Munster (Westphalia, Germany) it seems that these fatty acids stimulate the reticular tissue, the reticuloendothelial system, and the various systems of the visceral nervous system. The above tissues comprise the defense and healing mechanisms of animal and human bodies, deeply united and accumulated in the liver. The conclusion has been drawn that no animal or human body is able to synthesize linseed oil molecules. Therefore, it must be given for a long time in minimal quantities."

Dr. Gerson, in the years of his practice, had experimented with various oils to try to obtain the desired effect which Budwig was obtaining, but had found that the oils he tried only caused tumor tissue to regrow. That explains the urgent admonition in his book, *No Fats - No Oils*. But when he found the linseed oil with its unusual properties, he obviously changed his mind. Since this discovery, as well as the contact with Budwig, postdates the publication of Gerson's first edition of *A Cancer Therapy*, clearly Peat did not find any reference to Budwig nor to linseed oil in that edition of the book.

It is unfortunately true that in today's world many "scientists" prostitute their work to industry and its demands - in other words, money. Peat assumes that Erasmus is guilty of this commercialism; another false assumption.

Readers interested in improving their health may want to acquaint themselves with Udo Erasmus' excellent book, *Fats and Oils*, and the Gerson Institute's Newsletter #22/23, "Fats that Heal - Fats

that Kill," as well as Dr. Gerson's book, *A Cancer Therapy - Results of Fifty Cases*. All are available from the Gerson Institute.

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Unsaturated Oils Have Deleterious Effects

Editor:

I agree with your recent remarks about directing criticism mainly toward the errors of conventional medicine, because the biggest problems exist within the orthodox and government-established medical system. As you said, people should not be put down because of their degrees, and for that reason I avoid putting letters after names, except when there is a reason for it. However, I got a letter from Charlotte Gerson criticizing me for failing to mention Budwig's degree. Since the other degrees (including mine) were editorially added to my letter, it wasn't my intention to slight Budwig for being degree deficient.

However, Charlotte Gerson also says that I made "a number of statements which are not defensible," but doesn't seem to understand what I said. I am aware that linseed oil has been used by Mexican physicians to treat cancer at least since 1939, and that it can be toxic to cancer cells (though probably less toxic than to normal cells*), and that its laxative action is plausibly effective in treating constipated cancer patients. My primary criticism is that people who get on the big marketing bandwagon (whether the product is linseed oil or germanium or iron supplements) so often - as in the Udo Erasmus book - appear to systematically lead attention away from the possible dangers of their product.

The "deleterious effects of unsaturated oils" have been clearly established and are recognized by everyone working in the field. They are not "supposed" and are not merely "discussed" subject to disproof "by others." Many people are now investigating a variety of theories that attempt to explain the specific nature of the toxicity.

The opinions credited to Budwig by Erasmus suggest ignorance of organic chemistry and biochemistry. If someone takes Dr. Budwig's ideas seriously, *TL/D* should invite her to explain them herself.

Without knowing more about the publication details of the new version of the book, *Fifty Cases*, and the letter that

Max Gerson supposedly wrote to Schweitzer, I wouldn't want to analyze all of the ideas ascribed to him. The original book, which I believe was reprinted several times without changes, even after his death, was a coherent scientific document. Posthumous "new editions" always raise questions.

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*Cancer cells are rich in antioxidants which protect them against free radicals. J. Duchesne, *Ann. Biol.* XVI (5-6), 1977, discusses this and gives references.

More Than One "Best" Test for Parasites

Editor:

I would like to take this opportunity to inform your readers of two very important points regarding state-of-the-art parasite testing.

First, the Great Smokies Medical Laboratory now offers the most comprehensive Ova & Parasite testing. We are the only lab that employs Enzyme Immunoassay for specific organisms, in addition to Immunofluorescence assay. EIA testing is 96% sensitive and 100% specific for searched organisms. Our staining techniques include proprietary stains that have increased our yields dramatically. These state-of-the-art techniques are performed as part of our "Intensive Ova & Parasite" test (cost \$70.00). Our results report includes detailed commentaries and pictures of any identified organisms.

Secondly, I have some comments concerning the method of sample collection. We are the only lab that offers a choice of either rectal mucosal swab or feces sample submittal. Our preliminary data indicates that given the advanced detection techniques now being used, there may be little difference between sample sources. There just isn't enough current data to support a claim for either method at present. Unfortunately, the clinical trial that another physician and lab reference in their support of rectal mucosal swab is actually seriously flawed and incomplete. The clinical trials did not include duplicate sample testing and the therapeutic agents used for treatment were not specific for just parasites (they were broad spectrum antimicrobial). In order to rectify the current information "gap," Great Smokies Medical Laboratory is conducting the first true research project to answer this

question. We are having participating physicians submit concurrently, both a rectal swab and feces sample, from 1,000 patients. We will process the samples at the same time, providing comparative results for the submitting physician and for the study data base. Cost to the patient is as if just one sample were submitted. Any physicians that would like to participate, please give me a call (800-522-4762) so that we can provide you with the special collection kits.

The Great Smokies Medical Laboratory has always provided economical stool evaluations employing methods that are constantly updated and improved. We are proud to offer these improvements to our Ova & Parasite detection procedures.

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Genital Mutilation

Editor:

Rituals, no matter how outrageous, are not easily eradicated. The castrations of male slaves in the Ottoman Empire and elsewhere, for instance, were practiced for many years. Although there is no humane justification for the barbaric custom of female genital mutilations, the perpetrators can easily rationalize.

However, before we succumb to our moral indignation and proceed to castigate or to enlighten the "backward" societies, let us take a quick look at the ritualistic circumcision of American males. Granting that the female mutilations, as described, are far more drastic than our male surgery, there are considerably more circumcised American males than the total number of circumcised and infibulated females in Africa and the Middle East.

Of course, we can also rationalize our genital surgery. However, would not the editorial comment "these mutilations are done to healthy organs and are, therefore, NOT ethical medical practices - they are brutal sexual child abuse" apply equally to our ritual as it does to theirs? It's not a secret that as a prophylactic measure, the male circumcision in America has not prevented venereal disease. Yet, the ritual goes on; the procedure is covered by health (?) insurance.



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Justifiably concerned about the clitoridectomies and infibulations on non-consenting children in Africa and the Middle East, has Hosken asked how many of the American circumcised children had consented to their mutilation? How many American males voiced their informed consent to get their penis surgically trimmed? Under these circumstances should we not abolish our own ritual of routine circumcision at the same time that we wish to convince the Africans to give up their rituals? Would we not then be less hypocritical?

On behalf of the preservation of female clitoris and male preputium...

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Editorial Comment by Reba Be

I was wondering who would pick up on the circumcision of virtually all hospital-born American males! A century ago the only circumcised people were Jewish; nowadays most men are.

As a bra-burning 60's feminist I embrace the right to intervene & confound perpetrators of such body-altering abuses (earlobe-piercing of girl infants is another). How could I, as a philologically, contemplative parent, permit these enactments of such cultish, archaic rituals upon non-consenting children?

I wrestled long with both rabbis and the all-male OB/Gyns to keep intact the son born to me and I won. One of their favorite ripostes on this subject has been: what do I know? I don't even have the equipment! Sometimes I ponder on what men think they are doing in the field of OB/gyns!

As I didn't "have the equipment" and Ben's father, himself wholesomely intact, would be *in absentia* during those vital years when our body-sense is keenly developing, I interrogated him for his lifetime experiences. He gave me simple, explicit information about cleansing, lubricating & flexing with particular emphasis upon those hazardous years when skin & sinew seem to grow at different paces (puberty). I passed it all on to our son.