Two Dietary Regimes for Cancer – Macrobiotics and Gerson
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The preceding articles in this series (not on this website) have elaborated, with reference to a voluminous body of research, the significant protective effects against many cancers afforded by a diet rich in fruits and vegetables, high in fibre, moderately low in fat and alcohol, and as low ingestion as possible from environmental carcinogens, including tobacco.¹

The epidemiological and clinical data also demonstrate the protective and therapeutic effects afforded against many cancers by a variety of nutrients, individually and in combination. These nutrients include the major antioxidant nutrients – vitamins A, C, E, beta-carotene, selenium – as well as the B-complex vitamins, vitamin D, calcium, certain antioxidant enzymes and certain essential fatty acids.¹,²

Some of the epidemiological research, for example regarding the postulated link between breast cancer and dietary fat, has yielded conflicting results,³ as does much epidemiological and clinical research, and the conclusions are thus presently tentative. Definitive large-scale, long-term prospective studies with homogeneous cultural groups whose dietary intakes of nutrients under study are rigorously controlled and analysed, are difficult and expensive to conduct. Hence, one of the major questions needed to be addressed by public health professionals is whether to wait for definitive proof or to advise people to take protective dietary action now, based on the strong trends emerging from clinical research, despite their imperfection or lack of finality.

Dietary Regimes for Cancer

There are a number of diverse dietary regimes which claim to be beneficial in the prevention and/or treatment of cancer. The regimes included in this discussion – The Gerson and Macrobiotic Diets – are not a complete representation of such programmes; however, they are two of the more well-known and somewhat researched dietary regimens. Given the complexities of designing and conducting randomised clinical trials for cancer patients using such dietary regimes, it is doubtful whether such research will ever be performed. And, given that the individual person's commitment to healing him/herself is presumably an important part of such programmes, it is unlikely that the standardised randomised clinical trial model would be appropriate to investigate this aspect of cancer treatment.

Gerson Regime

The Gerson regime is a low-fat, low-animal protein, high carbohydrate dietary regimen, with particular emphasis upon organic fruits, vegetables and whole grains. There is also attention paid to achieving a high potassium, low sodium diet. This programme is designed to:

• Aid in the detoxification of waste and toxic products which impede normal metabolism and the natural healing process;
• Infuse the body with highly therapeutic and nutritious dietary nutrients.

The main components of the Gerson regimen include:

• More than a dozen glasses per day of freshly pressed vegetable and fruit juices, much of this carrot juice;
• Reduced sodium, increased potassium diet, including potassium supplementation and other medications;
• 3 meals daily (vegetable soup, salad, potatoes etc.);
• Coffee enemas every three to four hours.

Additionally, some patients receive iodine supplements. Raw liver juice, formerly a feature of this programme has
been discontinued due to bacterial and parasitic contamination of commercially-available supplies of liver. From the foregoing articles in this series attesting to the significant anti-tumour and antioxidant properties of fruits, vegetables, vitamin A and beta-carotene, it is clear that consuming large quantities of freshly prepared fruit and vegetables would provide cancer patients sustenance which is both therapeutic and healing. Coffee enemas, which were standard German medical practice from the 1920s, are used to stimulate the liver, the body's main detoxification organ. Contrary to the notions sometimes advanced in an over-zealous media prone to labelling practices such as drinking carrot juice and taking coffee enemas as "cancer quackery", there is actually a reasonable amount of scientific and clinical literature on the Gerson regime. An excellent account of this and virtually every other type of anti-cancer substance and programme, written by a distinguished expert in cancer research and the politics of suppression of non-orthodox approaches, is especially recommended as authoritative reading. One of the few clinical long-term studies carried out evaluating the effects of Gerson's dietary methods found that:

- Patients were in better general condition;
- Patients had fewer complications and improved tolerance of radiotherapy and chemotherapy;
- Cachexia (wasting) could be prevented or significantly delayed;
- There was reduced demand for pain killers and psychotropic drugs;
- Existing liver metastases progressed more slowly with reduced tumour effusions.

An evaluation of case histories of 149 Gerson clinic patients was carried out by physicians at Maudsley and Hammersmith hospitals. Of 27 patients with independent documentation, 20 were disregarded as "non-assessable" because they had received conventional therapy at the same time. Of the 7 cases evaluated, 3 (43%) were in complete remission. Among the findings as published in The Lancet were the following:

- Patients exhibited high ratings for confidence and mood;
- Patients felt that they had a significant degree of control over their health;
- Patients had low pain scores and low pain relief requirements, despite their extensive metastatic disease;
- Although there was little objective evidence of an anti-tumour effect, definite tumour regression was documented in a few patients;
- In view of a "fighting spirit" which correlates with better prognosis, the Gerson patients’ sense of well-being could be a significant factor in the clinical management of their disease.

The above clinical studies and evaluation in no way constitute definitive proof of the clinical efficacy of the Gerson dietary regime in the treatment of cancer. The only rather implausible way to gather such evidence would be to conduct a large trial of cancer patients who are randomised to a particular regime and who would be equally motivated to follow whatever regime they were assigned to – a highly improbable exercise! Nevertheless, in light of research from the past few decades attesting to the significant anti-cancer properties of a diet high in fruit and vegetables, whole grains, fibre, and low in fat, the Gerson dietary regimen would appear to score high grades in each of those categories.

**Macrobiotics**

The Macrobiotic diet, a high fibre, low fat, low animal protein diet, as part of a much larger world systematic view, is about achieving a balance between yin at one extreme and yang at the other in every aspect of one's life. As pertaining to food, sweet foods, alcohol and drugs are extremely yin, while meat, cheese, dairy and eggs are at the extreme end of the yang spectrum. At the centre of a continuum, from which the macrobiotic diet is selected, are grains, vegetables, fruits and sea vegetables. The main functions of the macrobiotic diet are:

- To eliminate toxins accumulated through eating excess sweet, greasy, animal and dairy foods and alcohol, and restore health by eating a balanced, centred diet;
To eat foods appropriate for any particular geographic area and climate; in other words, diets for those living in temperate climates wouldn't include tropical foods, and those living in cold climates wouldn't eat a primarily raw diet. The Macrobiotic diet is comprised of the following proportions of foods:

- Whole grains – brown rice, barley, millet, oats, corn, rye, wheat, buckwheat – 50-60 percent;
- Vegetables – a wide variety of locally, organically grown vegetables, including cabbage, kale, greens, broccoli, cauliflower, squash, carrots and many more – 25-30 percent;
- A variety of beans, including tofu, tempeh and natto, and sea vegetables – 5-10 percent.
- Soups, especially miso soup – 5 percent.
- Fish, seafood, seasonal fruits, condiments and seasonings are supplements to the main diet.

The Macrobiotic diet is a non-rigid, gentle and individualised regimen, devised according to a particular person's constitution and medical condition, contrary to many popular misconceptions. Complementary and ancillary diagnostic and therapeutic disciplines such as pulse and face diagnosis, acupuncture and shiatsu, the Japanese branch of oriental medicine. Despite the small proportion of raw vegetables and fruits, there are particular aspects of the Macrobiotic diet which have been shown to have significant anti-cancer properties:

- The consumption of yellow, orange and green vegetables, usually steamed, with their abundance of beta-carotene, calcium, selenium and other micronutrients. In addition, cabbages and cruciferous vegetables contain the anti-cancer compounds indole glycosinates;\textsuperscript{14,15}
- Sea vegetables have been shown to possess significant anti-cancer properties;\textsuperscript{10,16,17}
- The use of soy products and fermented soy products, containing phytate, protease inhibitors and isoflavones, inhibitors of oncogenes;\textsuperscript{18,19}
- The consumption of Bancha tea, a variety of green tea, containing a potent anti-cancer compound EGCG;\textsuperscript{20}
- The abundance of high fibre-containing whole grains and the avoidance of red meat, a known promoter of colon cancer.

There has not been a great deal of clinical or scientific evaluation of macrobiotic diets;\textsuperscript{21} however, Michio Kushi, the foremost advocate of Macrobiotics has been fairly articulate in publishing the principles, philosophy and application of Macrobiotics to cancer and other health problems.\textsuperscript{22} However, as judged by promoting the major anti-cancer dietary elements – low fat, high fibre, fruits and vegetables, low animal protein – Macro-biotics, totally different from the raw vegetable, juicing regimen of Gerson, also appears to score highly on the anti-cancer scorecard.

**Other Dietary Regimes**

Gerson and Macrobiotics are but two of the many dietary regimes promoted for their cancer prevention and therapeutic effects. There are more extreme raw-food regimes such as Ann Wigmore's Living Foods diet – consumption of purely "alive" foods – sprouted, raw and uncooked vegetable foods; and more moderate "mixed" regimes such as the present-day Bristol diet, which encourages whole grains, cooked and raw vegetables, fruits and limited amounts of animal protein and dairy products. Most such diets encourage healthy eating, emphasising fresh fruits and vegetables and whole grains, which are certainly health and life-promoting.

**Nutrition – Ignored by Medics and Media**

During a recently televised week devoted to women's health issues,\textsuperscript{23} there were several programmes devoted to highlighting the anguish of breast cancer, and the uneven quality of medical breast cancer diagnosis and treatment services. In a summary round-table discussion chaired by Sheena MacDonald with a number of panelists from a variety of medical specialities, when asked what measures could reduce the high UK breast cancer mortality figures (the highest in the developed world), the BMA spokeswoman replied that the answer lay in detecting malignancies earlier through the mammogram-screening programme for woman over 50 years of age.\textsuperscript{24} Not a whisper or mention of the importance or effectiveness of nutritional measures, or the research pointing to reduced cancer risk. With hundreds of new research reports published currently, attesting in one way or another to the efficacy of various dietary
or nutritional measures in cancer prevention or treatment, it is difficult to comprehend this conspicuous omission of evidence and recommendations from such media events.

**The Direction for a Person with Cancer**

A diagnosis of cancer necessitates a totally unique and individual examination of all in a person's life that is important to the restoration of health to that individual. Every person's genetic and biochemical constitution is unique, as are his or her priorities in life and most valued relationships. There can never be any universal answer to all cancer patients. Some individuals are cured even though they make no dietary changes at all and submit to conventional medical therapy. Others go through all the conventional medical treatment and don't survive. Some people make profound spiritual and psychological changes in their attitudes and live, while others who follow every conceivable path of nutritional, psychological and spiritual therapy die. And, while living or dying is a very arbitrary assessment, quality of life is obviously of paramount importance to all of us who ultimately will die one day.

The best and indeed only advice which can be proferred to cancer patients is to avail themselves of the best information pertaining to their condition – recommended types of treatments, prognosis based upon conventional treatments, nutritional, complementary treatment options and spiritual practices which accord with their heartfelt congruent beliefs and wishes. It is very important and vital, according to long-time experts like Dr Lawrence LeShan, who has worked with cancer patients for some 35 years, to do what you want to do and what you feel is best for you. There is a wealth of dietary and nutritional information which seems to protect against cancer and appears to help certain people's cancer, however, there are no guarantees and insufficient evidence to know that a particular regime will help you. If you are the sort of person who hates to cook and would find paying attention to diet and nutrition a major hassle and intrusion, then there must be another way forward for you. There are no prizes and no rules, except that you are in control.

**References**

2. BCHC Nutrition and Cancer Database is a comprehensive compilation of published scientific research, with Abstracts. 1993. For information, contact the Bristol Cancer Help Centre (0272) 743 216.


