

The Alternative Appeal

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Courtney E. DeRoo

For decades, traditional American medicine has faced challenges from the world of alternative medicine. By the late twentieth century, complementary and alternative medicine (CAM) became increasingly popular, with more than one third of adults in the United States using some form of CAM. While alternative medicine is used in place of conventional medical practices, complementary medicine is used in addition to conventional treatments (Cancer and CAM: At a Glance [NCCAM Health Information] 2011). Use of CAM is especially popular among cancer patients, as conventional treatments repeatedly fail to conquer the disease. The ineffectiveness of conventional treatments like surgery, chemotherapy, and radiation has led to an estimated 64% of cancer patients using alternative therapies. A recent survey conducted at M.D. Anderson Cancer Center found 83% of cancer patients using alternatives (Ausubel 2011).

In particular, biologically-based approaches to cancer treatment caught the attention of patients in the past and continue to do so today. Alternatives like the Hoxsey herbal treatment and Laetrile date back to the 1920s; contemporary biologically-based treatments such as the Gonzalez and Gerson therapies are still popular. Although traditional physicians have frequently written off advocates of these alternatives as “quacks,” Americans have consistently sought out these non-traditional treatments despite warnings from physicians and federal agencies like the Food and Drug Administration (FDA). Though the different alternative therapies have changed over time, the offer of hope that accompanies them remained the same. For a patient with a cancer diagnosis, the dialogue and cooperation between traditional

physicians and alternative healers is crucial in order to provide as many viable treatment options and as much hope as possible.

Growing Dissatisfaction

Such willingness to look beyond the realm of conventional treatment indicates the growing dissatisfaction with Western Medicine. Conventional cancer treatments like surgery, chemotherapy, and radiation, while based on scientific evidence, have ultimately proved to be ineffective. Just 30% of cancer patients survive longer than five years after these methods, resulting in frustration and confusion among cancer patients and their families alike (Food Matters 2008). Of the 36%-83% of breast cancer patients that have reportedly used CAM, many feel that Western treatment is “worse than the disease.” In a study conducted at the University of Missouri, one breast cancer survivor even compared chemotherapy treatment to “a red devil” (Wanchai 2011). Chemotherapy loads the already weakened immune system of a cancer patient with toxic chemicals, in an effort to “kill the cancer without killing the patient” (Ausubel 2011). Radiation, another cancer treatment recognized by conventional medicine and often combined with surgery, is carcinogenic and mutagenic. There has been little testing to prove the efficacy of radiation. In fact, studies have shown that treating cancer patients with radiation is not only ineffective, but can often cause more harm than good (Ausubel 2011). As conventional treatments fail, resentment and distrust grows among dissatisfied cancer patients.

In addition to the general ineffectiveness of conventional treatments for cancer, a number of painful physical and psychological side effects can result as well. Lymphedema, a side effect of breast cancer treatment that causes chronic swelling of the arms or legs, affects

10%-25% of breast cancer survivors in the United States (Wanchai 2011). This demonstrates that even if conventional treatments succeed, survivors are still left to face a number of treatment-related problems after remission. One example of this can be seen through cancer patient Elizabeth O'Donnell who survived breast cancer after enduring chemotherapy treatments and two surgeries, but found herself facing a host of additional health problems afterwards. The chemotherapy caused heart failure, which in turn led to shingles, double pneumonia, kidney disease, and two incidents when clots blocked her pulmonary arteries (Marcus 2004). Side effects like these are not uncommon in cancer survivors and in many cases, secondary tumors and additional cancers can appear as a result of the carcinogenic chemotherapy drugs and radiation (Ausubel 2011). With such health problems resulting from conventional treatment, cancer patients are desperate for a better approach and are consequently seeking alternative therapies. This seeking out of alternatives again demonstrates the growing distrust of physicians to provide the most effective care for their patients.

Biologically-Based Alternatives

While dissatisfaction with conventional medical treatments often leads people to CAM, there are a number of other reasons cancer patients seek out these alternatives. Among the estimated 64% of cancer patients that use alternative therapies, some hope simply to relieve side effects of conventional treatments, ease pain or discomfort, gain a sense of control over their disease, or even cure their cancer (Ausubel 2011). Various forms of alternative medicine exist including mind-body approaches like meditation and yoga, manipulative and body-based

practices like chiropractics and massage, energy medicine like Tai Chi, and biologically-based methods like use of vitamins, herbs, and special diets (Thinking About Complementary and Alternative Medicine - National Cancer Institute 2011). Biologically-based approaches in particular have historically been used by 30-75% of cancer patients worldwide (Richardson 2004). One such approach, the Hoxsey herbal treatment debuted in Taylorville, Illinois with John C. Hoxsey's establishment of the first Hoxsey Cancer Clinic in 1924. Hoxsey used herbal mixtures to remove toxins from the bodies of his patients until he was shut down by the American Medical Association in 1960 (Ausubel 2011). Similarly, the Food and Drug Administration placed sanctions against and eventually banned the sale of Laetrile as a cure for cancer in the 1970s. The substance, made from a naturally occurring substance found in the kernels of apricots, peaches, and almonds was viewed as a non-toxic approach to cancer treatment. Though attacked and rejected by the medical profession, both biologically based treatments gained tremendous popularity among cancer patients seeking an alternative approach.

The Hoxsey Herbal Therapy

By promoting his all-natural botanical treatment, John Hoxsey instigated one of the largest alternative medicine movements in American history. In the 1950s, the Hoxsey Cancer Clinic in Dallas, Texas treated as many as 12,000 patients and new branches were established in seventeen states making it the largest privately owned cancer center in the world (Ausubel 2011). Alongside his popularity and success, however, John Hoxsey faced relentless rejection and criticism from the medical profession. The American Medical Association (AMA), the Food

and Drug Administration (FDA), the National Cancer Institute, and the American Cancer Society (ACS) repeatedly condemned Hoxsey throughout the 1950s, calling him “the worst cancer quack of the century.” Medical officials claimed that Hoxsey’s patients did not have cancer in the first place, were cured by radiation treatments, or died. Physicians worried that by pursuing the Hoxsey herbal treatment, patients forfeited their best opportunity for effective treatment by a recognized physician. In 1956, the FDA even launched a campaign against Hoxsey, issuing a public warning about the Hoxsey treatment. After a long battle with medical authorities, Hoxsey was finally outlawed by the federal government in 1960 (Ausubel 2011).

Hoxsey’s chief nurse Mildred Nelson, moved the clinic to Tijuana, Mexico where she treated 30,000 additional patients until her death in 1999. Nelson’s sister has since then taken over the clinic and continues to quietly treat cancer patients to this day. The sheer number of patients that have utilized the Hoxsey herbal treatment indicates the overwhelming popularity of this alternative. As Hoxsey recognized, his cancer clinic was a “dumping ground for hopeless cases” (Ausubel 2011). Patients whom conventional treatments failed to help often sought the Hoxsey treatment as a last resort. Even still, Hoxsey claimed to cure about 25% of these hopeless cases, and 80% of all other cases (Ausubel 2011). Very few studies on Hoxsey have been conducted by the clinic or outside scientists, but 2 small retrospective studies have suggested the possibility of benefit for some patients (Moss 2005). Though the success rate is still largely unknown today, the hope offered by the Hoxsey treatment undoubtedly became the driving force behind its popularity. Cancer patients who insisted on pursuing non-traditional treatments have historically been viewed as “medical deviants” (Moss 2005). Such a

term indicates the hostility that has existed between medical authorities and supporters of alternative therapies since the 1950s.

Throughout much of the early twentieth century, cancer was viewed as a hopeless and incurable condition by patients and physicians alike. Physicians' acceptance of defeat by cancer further opened the door to patients seeking alternative treatments like Hoxsey. As desperate patients flocked to Hoxsey clinics, the FDA worked persistently to discourage Americans from falling into the trap of the "smooth talking salesman" (Cantor 2006). After issuing the warning about Hoxsey, the FDA invited Americans to write for more information. Thousands of people responded with the great majority attacking the FDA's campaign and a very small number supporting it. Many wrote of the ineffectiveness of conventional treatments as well as the unbearably high costs. One Hoxsey supporter wrote "Have you ever paid hundreds of dollars to medical doctors and the same to surgeons in the hopes of being cured or even improved in health as a victim of cancer only to grow worse continually, and after you had spent precious time and money to have Specialists tell you they could do nothing more for you and send you home to die?" (Cantor 2006).

Frustrated Americans like this felt that physicians knew their patients would die, but continued with treatment for the purpose of making money. Many Hoxsey supporters believed conventional medicine deliberately kept cancer patients in the dark about the disease and its treatments. Some went so far as to claim that the government knew the limits of conventional therapies and that the Hoxsey treatment worked, but still labeled Hoxsey as a "quack" to protect their own interests. The medical profession's attack on Hoxsey caused Americans to

further resent and distrust what they viewed as a deceitful and selfish industry. The more the federal government condemned alternatives like Hoxsey, the more defensive and suspicious the American public became. The resentful letters to the FDA reveal this lack of faith and distrust of traditional physicians apparent in the United States by the 1950s.

Laetrile

Around the same time that the Hoxsey treatment was gaining popularity, a different biologically-based therapy, Laetrile also posed a substantial threat to conventional medicine. From the 1950s to the 1970s, laetrile was widely used both as a single anticancer agent and as part of a metabolic therapy that included a special diet, high-dose vitamin supplements, and pancreatic enzymes. The *American Weekly* supplement to the Hearst newspapers featured 2 articles on Laetrile by author Glenn Kittler in 1963. Kittler also wrote a book titled, *Laetrile: Control for Cancer*, which was quickly published after the articles in *American Weekly* captured so much attention. Following this early media attention, a Laetrile supporter and breast cancer survivor, Cecile Hoffman formed the International Association of Cancer Victims and Friends. The association attracted 8,000 members and spread the word about Laetrile through frequent publications in the *Cancer News Journal* (Moss 2005). Other organizations like the Cancer Control Society founded by Betty Lee Morales in 1972 along with the National Health Foundation founded in 1955, and the Committee for Freedom of Choice in Medicine, Inc founded in 1972, worked together to promote non-conventional cancer treatments and the clinics in Mexico providing these treatments.

Like the battle between John Hoxsey and conventional American medicine, Laetrile faced criticism and fervent rejection from medical authorities. The FDA issued warnings to Americans about the toxicity of apricot pits and the possibility of cyanide poisoning and death from consuming laetrile. By 1977, the FDA banned the transport of Laetrile into the United States and to this day, claims that there is no evidence that Laetrile is effective or safe to use for cancer treatment. Regardless, more than 70,000 people had reportedly opted for Laetrile over conventional treatments in the United States by 1978 (Lerner 2005). Medical authorities struggled to maintain patient loyalty to orthodox medicine.

Use of laetrile spiked again after actor Steve McQueen traveled to a clinic in Tijuana, Mexico to treat his lung cancer in 1980. Like many desperate cancer patients who chose the Hoxsey herbal treatment, McQueen chose Laetrile as a last resort treatment option. He did not decide to travel to Mexico until he had exhausted all other options. McQueen reportedly stated “The doctors here say I’m a goner. They don’t give me any hope” (Lerner 2005). When American physicians gave up on him, McQueen opted for Laetrile, which provided one last chance. As the American public watched Steve McQueen, a public figure with access to the best medical care in the United States, opt for the alternate approach to treating his cancer, many cancer patients followed suit. As a 1980 headline declared, “Desperate Cancer Patients are Flocking to Mexican Hospitals Seeking McQueen’s Treatment” (Lerner 2005). CBS News reported that thousands of American cancer patients were hoping to “escape the death sentences pronounced on them, they feel, by American doctors” (Lerner 2005).

By the 1970s, clinics were popping up all over Mexico. The Cydel Clinic (Clinica Cydel) was the first of these clinics, headed by Mexican oncologist Mario Soto in the mid 1970s. In 1970, the Contreras clinic opened, followed by the American Biologics hospital in 1977, and the Manner Clinic in 1984. The Cydel Clinic together with the Contreras Clinic reportedly treated about 250 new patients every week, or 13,000 each year (Moss 2005). As was the case with patients using the Hoxsey herbal treatment, cancer patients using laetrile viewed it as a newfound source of hope that conventional American medicine could not, or would not provide.

Though the 1970s marked the height of laetrile's popularity, the substance is still used by Americans today. In 2000, doctors reported a new wave of laetrile use among cancer patients, largely due to the fact that the Internet makes it readily available (Lagnado 2000). As many as 28,000 customers seek laetrile from websites like Christian-Brothers.com, ApricotsfromGod.com, and CancerAnswer.com, all operated by Christian Brothers Contracting Corp. Jason Vale, the founder of Christian Brothers, distributed syringes, tablets and vials of laetrile from his home in Queens, NY until being sentenced to prison for fraud in 2004. Each website promised an "answer for cancer" and provides several testimonials of people claiming to have been successfully cured. At the same time though, the websites make it clear that the FDA has condemned the sale of laetrile and customers are prompted to view a warning letter from the FDA. Despite these warnings from the FDA and physicians, Americans continue to purchase and use laetrile in their own homes. This has been a cause of concern for physicians like James Dougherty, deputy chief physician at Memorial Sloan-Kettering in New York City who claims that taking laetrile, especially unsupervised, is very dangerous. Dougherty says he even

finds himself “longing for the days when obtaining underground drugs like laetrile required a trip to a Mexican clinic” (Lagnado 2000).

Barrie Cassileth, chief of Integrative Medicine at Memorial Sloan-Kettering Cancer Center says people ask about laetrile “almost every day, and if it isn't the patient, it is the patient's children, or grandchildren, who go to the Internet” (Lagnado 2000). When patients and their families are dissatisfied with conventional treatments, or when traditional physicians have nothing left to offer, patients turn to the Internet in hopes of finding anything that will offer hope. The Internet has therefore played a tremendous role in convincing desperate cancer patient that laetrile will work for them. One Christian Brothers customer, 18 year old Jean-Raphael Lemoine, chose laetrile over conventional treatment despite the advice of his doctors who believe his cancer will spread and several symptoms will worsen without radiation and chemotherapy treatments. Stephen Deputy, Lemoine’s neurologist at Children's Hospital in New Orleans claims that his doctors “are all kind of hoping he will change his mind...He is playing a game of Russian roulette.”

The deliberate rejection of physicians’ advice that is apparent in Jean-Raphael Lemoine’s case indicates the decline of physician authority that may occur as a result of alternative therapies like laetrile. When Lemoine’s doctors told him he would need massive doses of chemotherapy and radiation that could result in side effects like partial blindness and sterility, he made a choice to disregard their advice and seek out an alternative. This indicates yet another example of patients’ dissatisfaction with conventional methods of cancer treatment and a desire to take control of one’s own health by utilizing alternatives. Patient

empowerment, in turn, creates tension between patients like Lemoine, who pursue alternative therapies, and their traditional physicians.

The Gonzalez Therapy

Modern American medicine has made great advancements since the time of the Hoxsey herbal treatment and Laetrile. Nevertheless, alternative therapies continue to capture the interest of cancer patients each year. Cancer patients and survivors use these therapies more than those without cancer often because they truly believe in their effectiveness (Thinking About Complementary and Alternative Medicine - National Cancer Institute 2011). Dr. Nicholas Gonzalez, a practicing doctor in New York since 1987, currently utilizes a specific nutritional therapy to treat cancer patients. Using individualized diets, supplements, pancreatic enzyme supplements, and coffee enemas for detoxification, Gonzalez treats patients with the therapy taught to him by his alternative practitioner mentor, Dr. William Donald Kelley (Gonzalez 2011).

As was the case with the Hoxsey treatment and Laetrile, the Gonzalez therapy has faced intense criticism from orthodox medicine. Gonzalez has been labeled as a fraud, denounced on national television, and has lost two malpractice suits (Specter 2001). In 1993, Gonzalez' medical license was briefly suspended by the state of New York after an investigation confirmed that Gonzalez misdiagnosed six patients (Crabtree 2002). Though the suspension was lifted, the New York State medical board forced Gonzalez to undergo re-training for “departing from accepted practice” (Specter 2001). In 1997, Gonzalez lost a malpractice suit to a former patient, Julianne Charell. The *New York Daily News* reported that Gonzalez was ordered \$2.5 million in damages (Arena 1997). In 2000, Gonzalez was charged with \$282,000 in damages for

the death of another former cancer patient, Hollace Schafer (Arena 2000). Despite this blatant rejection and disapproval from the world of traditional medicine and the government, Americans continue to seek hope through Dr. Gonzalez's nutritional-enzyme regimen. Gonzalez and his partner Linda Isaacs are treating about six hundred patients this year and are forced to turn away even more.

Gonzalez has continued to gain popularity in the United States as the media begins to pay more attention. Health letters, websites, magazines, and television shows have drawn attention to Gonzalez's work. In recent years, the Discovery Health Channel and magazines like *Life Extension*, *totalhealth*, and *Prevention* recognized Gonzalez's unconventional approach by featuring stories about the his nutritional therapy. Perhaps the most high profile supporter and advocate for alternative medicine in general, is actress Suzanne Somers. On February 6, 2010, Somers praised Gonzalez on her personal blog, posing an entry titled "A Stage IV Cancer Survival Story – by Carey Reading, Dr. Gonzalez's patient" featuring a testimonial from one of Dr. Gonzalez's patients. Above the letter, Somers pays tribute to the "incredible work" of Dr. Gonzalez and states "I hope I never have to test it, but were I to get cancer again I would be at his door yesterday" (Reading 2010).

In 2009, Somers published a book *Knockout* that contains sections on a number of alternative cancer treatments including the Gonzalez therapy. *Knockout* debuted at #1 on the *New York Times* bestsellers list and remained at #1 for six weeks. It also appeared on the bestseller lists of *USA Today*, *The Wall Street Journal*, and *Publishers Weekly*. The book includes a lengthy interview with Dr. Gonzalez, as well as interviews with nine of Gonzalez's patients

who either survived or beat the odds. In wake of Somers' book, television shows such as EXTRA, the TODAY show, and Larry King Live interviewed Somers about the book and her experiences with alternative practitioners like Dr. Gonzalez. In an interview with Ann Currie on the TODAY show on October 19, 2009, Somers tells the story of her misdiagnosis of cancer and endorses various alternative practitioners including Dr. Gonzalez. She explains that she told her husband that she would reject chemotherapy and wanted him "to take her to New York to Dr. Nicholas Gonzalez" because he was one of the "doctors out there doing this incredible work" (TODAY: Suzanne Somers: 'I Saw My Death 2009). With the TODAY show being one of the most-watched morning talk shows in the United States, Somer's message was extended to an incredibly large audience.

In addition, Gonzalez and some of his patients joined Suzanne Somers on Larry King Live on October 23, 2009 for a 40-minute interview. Here Gonzalez discussed conventional and alternative cancer treatments with Dr. Otis Brawley, Chief Medical Officer for the American Cancer Society. Gonzalez explained that there are cancers like Hodgkin's disease, testicular cancer, certain lymphomas, and childhood leukemia that can be cured with chemotherapy, but it is largely ineffective for the majority of cancers. According to Gonzalez, chemotherapy is not beneficial for "the major killers," such as metastatic lung, metastatic breast, metastatic colon, and metastatic pancreatic cancer resulting in a need to look for "more options" (CNN 2009). Dr. Brawley argued that suggesting that patients should not use chemotherapy, "blanket and outright" is "just harmful." He admitted though, that there are some people getting chemotherapy who should not be. He explained, "Those people are getting treated because the patient wants treatment, because they don't want to die and the doctor wants to give them

treatment because the doctor doesn't want to tell them that they are dying.” For patients like these, it is clear that new options will be crucial to surviving cancer in future years. Gonzalez stated in the interview that he thinks it’s a mistake “to assume that in the conventional medical world all that is used are therapies that have been proven to be beneficial and in the alternate world it is the opposite” and that “patients should have the option to choose whatever treatment they want” (CNN 2009).

In a world where patients are making healthcare decisions on their own, communication between conventional and alternative practitioners is crucial. Past legal battles between medical authorities and alternative “quacks” have resulted in much tension between the orthodox and alternative medicine. As with Hoxsey and Laetrile though, patients consistently seek out alternative therapies regardless of traditional physicians’ opinions. In the best interest of the patient, it is crucial that conversations between traditional and alternative practitioners like Dr. Brawley and Dr. Gonzalez become more commonplace. As Dr. Brawley stated in his interview, “ It's wonderful when a conventional doctor and the alternative therapist are actually communicating. And if the alternative therapy is making the patient feel better, that's wonderful” (CNN). After Larry King Live, Somers commented on her blog that she had “never had such an outpouring of response to any show” and “People ran to the book stores, to (her) website SuzanneSomers.com, and to Amazon.com” (Suzanne's Blog | My Latest Appearance on Larry King 2009). Such interest surrounding the issue of alternative cancer treatments highlights the necessity of continuous dialogue between conventional and alternative practitioners.

In light of the popularity of Gonzalez and his nutritional therapy, both the medical profession and major corporations have begun to pay more attention to alternative cancer treatments like Gonzalez's. With the help of Dr. Ernyst L. Wydner, former president of the American Health Foundation, Gonzalez organized a small study comparing chemotherapy with Gonzalez's therapy for patients with pancreatic cancer (Specter 2001). Proctor & Gamble and officials at Columbia University supported the study, and Nestle provided the funding. The study found that patients utilizing Gonzalez's therapy lived an average of 17.5 months longer than patients treated with chemotherapy. These findings were published in the peer-reviewed journal *Nutrition and Cancer* in 1999, capturing the interest of the National Cancer Institute and the NIH's National Center for Complementary and Alternative Medicine (Specter 2001).

The NIH consequently provided a \$1.4 million grant to Columbia University to sponsor Gonzalez's research. The support from the NIH came largely from a desire to gain awareness and understanding of supplement use among cancer patients. As a result of the 1994 Dietary Supplement Health and Education Act, supplements are classified as food-not-drugs and therefore do not need to be proven safe or effective to be sold (Specter 2001). This has physicians like Karen Antman especially concerned for the safety of their patients. As Chief of Columbia's division of medical oncology, Karen Antman stresses the importance of trials like Gonzalez's. She believes that "If half of my patients are taking something different from what I prescribe, I'd better know what it does" (Specter 2001). Roughly 50% of the American adult population takes dietary supplements, including cancer patients who frequently fail to inform their doctors. More and more, Americans wish to make their own health decisions, regardless of advice given to them by their physicians.

The safety of patients is a major reason for the necessity of dialogue and exchange between traditional and alternative practitioners. Gonzalez's willingness to share his research and persistence in getting his work evaluated by the conventional medical world has contributed positively to this dialogue. As Gonzalez has stated, he is "not hiding in Mexico" and is "not attacking the medical establishment as a bunch of jerks trying to destroy innovative therapies" but instead is saying "Look, we want to get our work tested — help us" (Crabtree 2002). By making efforts to work and cooperate with traditional physicians and medical officials, Gonzalez is demonstrating the kind of collaboration that is imperative for the safety and best care of cancer patients in the United States.

Gerson Therapy

Like the Hoxsey and Laetrile clinics forced to relocate to Mexico, the Gerson Therapy, a nutritional regime dating back to the 1930s, is currently available to American patients in clinics located in other countries, as it is illegal in the United States. The Gerson Therapy was originally developed by German doctor, Max Gerson to treat his own migraine headaches. In 1977, Charlotte Gerson, daughter of Max Gerson, co-founded the Gerson Institute in San Diego, California with Norman Fritz to continue the work of her deceased father (Moss 2005). The Gerson Institute is not a treatment facility, but does license clinics and practitioners to treat patients. It is estimated that about 1,000 people worldwide are now using the therapy, which consists of a strict diet, numerous dietary supplements, and coffee enemas. Educational and training programs are provided at the Gerson Institute for people currently using or considering using the therapy. Patients interested in treatment must travel to either of the two Gerson-

licensed clinics that currently exist, Clinica Nutricion y Vida in Mexico, and the Gerson Health Centre in Hungary (Gerson Articles 2011). These facilities treat patients from various countries including the United States, seeking a non-traditional cancer treatment option.

The American Cancer Society warns cancer patients that the Gerson Therapy is scientifically unproven and is “not widely accepted by the medical community” (Gerson Therapy (PDQ®) - National Cancer Institute 2011). The ACS also warns patients about dangerous coffee enemas, which have been associated with serious infections, dehydration, colitis, and even death. Nevertheless, patients continue the trend of seeking out alternatives despite advice from traditional physicians. A *New York Times* article published in 1988 reported “two of thousands of cases in which nutrition is being abused or misused in the treatment of cancer” (Brody 1988). The first case was a New York woman with breast cancer who refused surgery or any conventional therapy and “tried to cure herself with a macrobiotic diet of grains, beans, raw vegetables, seaweed, weak tea, fruits and seeds.” The article also references the Gerson Therapy, stating that patients who choose such alternatives “spurned or abandoned scientifically established conventional therapy in favor of unproved remedies” (Brody 1988). Patients like the New York woman contribute to the decline of traditional physician authority and consequently face scrutiny from the medical profession. This demonstrates the tension that exists between conventional medicine and proponents of alternative treatment options.

Similarly, the Gerson Institute’s July/August 2011 *Healing news* newsletter includes an article about a 68-year-old patient, Joyce Forsythe, who disregarded the advice of her oncologist and utilized the Gerson Therapy instead. Forsythe’s spleen was removed at the

Dana Farber Cancer Institute in Boston, MA, where she was advised to begin chemotherapy treatments. Forsythe's oncologist told her "while nutrition wouldn't hurt, it wouldn't help" (Ake 2011). After using the Gerson Therapy, Forsythe recovered from non-Hodgkin's lymphoma and is still alive six years later. Though Forsythe's case has had positive results so far, physicians remain skeptical about patients' decisions to forgo traditional cancer treatment. Studies estimate that 60% of cancer patients try unconventional treatments and two-thirds of cancer patients who try these alternatives do not tell their doctors (Most Cancer Patients Seek Natural Remedies - Health - Alternative Medicine - Msnbc.com 2009). This demonstrates the decreasing reliance of patients on their physicians in making health-related decisions. Empowered patients believe they can make the best decisions regarding their own health and consequently continuously choose alternatives that are discouraged by the medical world.

Barrie Cassileth, chief of integrative medicine at Memorial Sloan-Kettering Cancer Center in New York noted the recent growing interest in alternative remedies. In 2009, Cassileth stated, "What I am noticing in the last year or two is a resurgence of these things. It's coming back" (Most Cancer Patients Seek Natural Remedies - Health - Alternative Medicine - Msnbc.com 2009). Just as the Hoxsey & Laetrile treatments appealed to Americans in past decades, new alternative remedies such as the Gerson Therapy interest cancer patients in the United States today. Much of this interest is sparked by information provided to Americans in the media. In 2004, Prince Charles of Wales openly endorsed the Gerson Therapy, telling healthcare professionals at the World Health Assembly in Geneva, "rather than dismissing such experiences, we should further investigate the beneficial nature of these treatments" (Revill 2004). Prince Charles is a strong supporter of alternative medicine and continues to encourage

integration of non-conventional approaches like the Gerson Therapy into mainstream medicine (Revill 2004).

As has been the case with past alternative therapies like Hoxsey, Laetrile, and the Gonzalez therapy, organized medicine fought back against Prince Charles. In April 2008, *The Times* published a letter from Edzard Ernst that asked Prince Charles' Foundation for Integrated Health (closed in 2010) to recall two guides promoting alternative medicine, saying: "the majority of alternative therapies appear to be clinically ineffective, and many are downright dangerous" (Revill 2004). In response to the article, the Prince's Foundation argued that they were simply "encouraging people to look at reliable sources of information... so that they can make informed decisions" (Revill 2004). Prince Charles' support of integration of alternative medicine and open endorsement of the Gerson Therapy have contributed to the popularity of choosing alternatives and the growing notion of the empowered patient.

There have also been several documentaries produced in recent years that preach the importance of nutrition for cancer patients, many of which explicitly reference and/or endorse the Gerson Therapy. *The Beautiful Truth* produced by Steve Kroschel in 2008, is a documentary about a 15-year-old boy, Garrett who begins a cross-country road trip to investigate the Gerson Therapy. Throughout the film, he meets with scientists, doctors, and cancer survivors including Charlotte Gerson, who all lead him to conclude that "Max Gerson found the cure to cancer" 80 years ago (*The Beautiful Truth* (2008)-IMDb 2008). Other documentaries such as *The Gerson Miracle*, *Dying to Have Known*, and *Food Matters* similarly endorse the Gerson Therapy.

The most recent, *Food Matters*, was produced in 2008 and also includes interviews with Charlotte Gerson as well as other scientists, naturopaths, and physicians. The film encourages viewers to provide the body with the nutrients necessary to heal itself, rather than masking health problems with medication. Andrew Saul, a therapeutic Nutrition Specialist featured in the film even states that “Good health makes a lot of sense, but it doesn’t make a lot of dollars” (Food Matters 2008). This reinforces the notion that the healthcare industry fails to do what is in the best interest of the patient, and instead works for its own benefit. In its discussion of alternative cancer treatments like the Gerson therapy, *Food Matters* helped to spread the message of dissatisfaction and distrust of the American healthcare system. With messages like these introduced and reinforced in the media, traditional doctors’ authority declines as patients feel less dependent and ultimately, empowered.

The “Empowered” Patient

A population of empowered cancer patients in the United States, on the one hand marks progress and great initiative with regards to a patient’s own health. On the other hand, though, empowered patients and thus empowered decision-makers, risk making a decision detrimental to their health when they disregard the advice of their physicians. In a world where information is made readily available through the Internet, patients are able to quickly and easily access health information from a multitude of sources--both reliable and unreliable. Although federal organizations like the Food and Drug Administration, the American Cancer Society, and the National Institutes of Health work to provide guidelines and warnings for cancer patients seeking treatment options, the empowered American patient historically opts

for alternatives despite advice to do otherwise. This is evident from the 60% of cancer patients that seek out unconventional treatments. The healthcare “revolution” of turning toward alternatives is one that is growing and “consumer driven” (Gritzmacher 2003). Traditional physicians are limited in their ability to control the choices made by their patients. A growing number of dissatisfied “consumers” has led to the transfer of decision-making power from the physician to the patient.

The Dissatisfied Patient

In an effort to protect patients, medical officials have banned the sale and use of alternatives like the Hoxsey treatment, Laetrile, and the Gerson therapy, and have relentlessly battled other alternative practitioners such as Nicholas Gonzalez. The main argument behind the rejection of these alternative remedies is that they fail to provide a safe and effective method of cancer treatment. While scientific evidence may support this claim, many cancer patients argue that the conventional treatment options of chemotherapy and radiation are also unsafe and ineffective. With just 30% of cancer patients surviving more than 5 years after conventional treatments of surgery, radiation, and chemotherapy, it is apparent that the 1971 “War on Cancer” has still yet to be won (Food Matters 2008). Orthodox medicine’s constant rejection of alternatives has therefore resulted in a growing distrust of the healthcare industry. Based on the painful side effects and overall miserable experiences of patients with chemotherapy, many are frustrated that much less invasive options are illegal and therefore unavailable in the United States. It is crucial that traditional and alternative physicians work together to provide the greatest number of options and the best care in order to deter cancer patients from seeking “forbidden” treatment in foreign countries. The treatment administered

in facilities like the Mexican Laetrile clinics is both unregulated and unknown to healthcare providers in the United States, making it even more pressing that orthodox medicine does everything possible to keep patients in the United States for cancer treatment.

A Need for Integration

In order to maintain patient loyalty to orthodox medicine and trust in traditional physicians, medical officials must make every effort to collaborate with alternative practitioners. Contemporary advocates for alternative cancer treatment like Dr. Nicholas Gonzalez and Charlotte Gerson provide hope for patients where none exists. Conventional medical treatment can only help some cancer patients to a certain point, after which they are essentially left to die. Though the alternative approach is not best for all patients, the fact that it could be for some, is reason enough to make efforts towards integration of alternative therapies with conventional medicine. The objective of health care providers should be to provide their patients with as many viable treatment options as possible. Whether traditional, biologically-based alternative, or a combination of both, the treatment should be specific to the patient. “The abiding truth for cancer patients is that they want unrestricted access to all treatments” (Ausubel 2011).

American medicine has evolved each decade since the formation of the United States. With cancer treatment in particular, conventional medicine has progressed essentially through a process of trial and error. Research and clinical trials continuously prove certain methods of treatment more effective than others for certain kinds of patients with certain kinds of cancer. Surgery served as the first approach to treating cancer, then radiotherapy was added in the mid twentieth century, and finally chemotherapy became a method of treatment by the 1960s

(Pickstone 2007). The process of treating patients with cancer has always been one that is evolving. Through extensive research and experimentation, traditional medicine has one by one, integrated new therapies with the already recognized ones. Alternative therapies should be no exception. With the potential to provide hope and “one last chance” for cancer patients determined to beat an “incurable disease”, it is imperative that alternative medicine become an integrated part of modern American medicine. This integration ultimately relies on the increased dialogue and collaboration between traditional physicians and medical officials and alternative practitioners.

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