

ISCADOR

Iscador Facts

- Iscador is a prescription medicine in injectable form developed in Europe.
- It has been in continuous use since 1917.
- It is the cancer drug most recognized by name in Germany.
- Over sixty percent of cancer patients in Germany use some form of mistletoe.
- Iscador is more often prescribed by oncologists and conventional physicians than by complementary physicians.
- Millions of doses of Iscador are sold worldwide each year.
- Iscador is a Class-P homeopathic tincture of *viscum album* diluted to a clinically safe dosage.
- Over 100 studies have been done on Iscador.

ISCADOR
Mistletoe and Cancer Therapy

Christine Murphy, Editor

Panacea Wellness Guide

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None of the materials in this book is meant to replace the advice of your physician.

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Cellular pathology and cellular physiology are under a misconception when they designate the cell as the basis of all life and regard the human organism merely as a conglomeration of cells. The truth is that the human being is to be seen as a totality, in relation to the cosmos, and constantly battling with the separate being of the cells. In reality, it is the cell which constantly disturbs our organism instead of building it up.

It is in the nature of the cell to maintain a separate existence. It must constantly be modified and differentiated to perform the organism's tasks and goals. By serving the organism, the cell must sacrifice its own separate existence. Only then will it become a true organ cell.

It is not the cells in their growth which regulate the functions of the organism but rather the organism which takes hold of the cells and designates their functions. What regulates or determines the cell in relationship to the organism lies beyond the cell. When an ovum is fertilized it subdivides inwardly at first without increasing in size. Such a cell is primitive and must learn to differentiate itself. This is learned from outside, from the forces of form and growth which are impressed into it.

—Friedrich Lorenz, MD,
from *Cancer: A Mandate To Humanity*



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Preface

Christine Murphy

RECENTLY ISCADOR, THE MISTLETOE CANCER preparation used as an adjunct in cancer therapy, has been very much in the news. Yet it is not a new medicine. Once, three quarters of a century ago, Iscador was practically unknown in Europe. Since then, without promotion but with ongoing scientific investigation and refinement, it has become the most widely recognized mistletoe cancer medicine in Switzerland and Germany.

In Switzerland and Germany sixty percent of all cancer patients are now prescribed mistletoe at some point in their treatment. Many receive it for weeks before surgery and most take it for years afterwards to help prevent recurrence. The test of time is also a test.

Iscador is an integral element of a wholistic treatment method called the anthroposophical approach to health and

illness. This method addresses body, soul, and spirit of the patient, recognizing that every illness bears within it the seeds of change and the possibility for new direction. It includes full acceptance of proven scientific methods as well as homeopathy, anthroposophical medicine, phytotherapy, art therapy, massage, counseling and more.

The personal involvement of the physician towards attaining wellness is central to the anthroposophical approach, as is the understanding that we are responsible for our own destiny and that illness is not a random shot fired at us from outside. The doctor need not be conversant in the anthroposophical approach to prescribe *Iscador*, but the approach adds a much greater dimension to therapy in general.

This book is written in clear and understandable language so that you, reading it, can come to your own informed conclusions. It describes conventional treatments and terminology and other complementary therapies, of which *Iscador* is a part. Every previously unknown medicine and method has been subject to ridicule or destructive criticism, often by people or groups who have no direct experience of it. This book makes no claim to miracles. But it does outline a new look at cancer, and as such we hope it will give you comfort and encouragement. After all, mistletoe is the symbol of warmth and love.

The articles, some condensed from the journal *LILIPOH*, and the resources at the end should enable you take your inquiries further, helping to clarify your own choices and wishes.

Foreword
Spiritual Courage and Illness

Cheryl Sanders and Robert Sardello

A SEVENTY-YEAR OLD MAN, FULL OF LIFE AND energy and interest in everything around him came to a doctor because he was passing blood in his urine. He felt well and had never been seriously ill before.

A physical examination revealed that the man's right kidney was enlarged. These two symptoms, along with the patient's age strongly suggested that there was a malignant tumor on the right kidney.

In order to confirm this diagnosis the doctor told this man he would have to go to the hospital for further tests. The tests confirmed a growth. The doctor now told the man that the ailment was most likely very serious. If the tumor was malignant the kidney would have to be removed and other treat-

ments prescribed to try and prevent the spread of the cancer. The doctor then told him the possible consequences of not operating. If he did have a malignant tumor, it would quickly spread to the other kidney. He would almost certainly suffer a great deal.

This sequence of events, a sequence that happens thousands of times each day, prompts us to consider the necessity of spiritual courage in meeting the pronouncement of a disease such as cancer. Indeed, the very existence of this disease and its prevalence in the world calls us to develop the virtue of spiritual courage as an ongoing aspect of our lives. The virtue of courage is not a quality that just comes forward at times of extreme need or duress. We have to take the notion of courage and extend it into the very manner in which we live from moment to moment. What then, is spiritual courage?

Spiritual courage consists of the inner capacity to face fear without being overwhelmed by it, not due to having any personal power, but actually, through completely relinquishing any personal power whatsoever. Spiritual courage, then, differs from what we would ordinarily consider an *act* of courage. It may be courageous to immediately opt for surgery, chemotherapy, and extended treatment when one is diagnosed with cancer, or it may be courageous to explore all the possible alternatives. Spiritual courage, however, requires relinquishing the tendency toward an immediate heroic response, and instead opening oneself with all possible effort to the spiritual realms, deepening into the soul realm, and developing an intense inner listening.

In our time, a false flight from illness, nurtured by the strictly modern and materialistic fantasy that a technical

approach to medicine can restore health, has effectively eliminated the imagination of illness as bearing value. Even alternative medicine is caught in the imagination of health as the norm and illness as a senseless deviation. Inner listening is required to include the soul and spirit in a true process of healing. Illness, approached with inner listening, makes us aware of the fullness of our being, assists us in becoming aware of how we may have become forgetful of the subtle dimensions of inner life, callous toward the beauty of the world, habitual in our response to others. It can make us aware that the ravages of the body cannot touch the eternal individuality of our spirit.

In times of strong fear, bound to occur with a life-threatening illness, particular and caring attention must be given to the soul and spirit. Otherwise, dissociation from the truth and ground of our being occurs as we turn ourselves over to treatment systems which tend to be abstract. The greatest degree of concentration and attentiveness is needed if we are to not just endure the illness but seek to understand the part it has to play in our individual destiny.

The great challenge of serious illness is more than finding the way to stay alive; the challenge is to remain *intensely* alive, see the spiritual significance in all things, even illness, and all the while responding to the moment and the qualities that accompany it.

This challenge sounds like an awesome task, one very hard to imagine as possible without preparation taken place long before the onset of the illness. Development of spiritual courage requires attuning our thoughts to spiritual realities in a regular and ongoing manner. This does not mean merely thinking

about God, the angels, Christ, or those who have died. That kind of thinking alone can never develop spiritual courage. An apt way to describe spiritual thinking is with the term “inner clarity.”

With such a term, we have something deeper in mind than absence of confusion, or good logic. Inner clarity means concentrating, contemplating, meditating on the inner significance of the beings and actions of the spiritual realm to the point that these realities become luminous from within. This kind of activity develops the virtue of spiritual courage. With spiritual courage we can go through illness with a true and abiding sense of individuality of soul and spirit, even if we must undergo the humiliation of treatments which tend to treat us as abstractions rather than individual human beings.

With spiritual courage we no longer act out of personal desires, motives, urges, impulses, and ideas, but rather allow ourselves to be vessels through which spirit works through us fully consciously. Through the practical spirituality of courage we develop a kind of double-vision. The ordinary realm of perception, feeling, thinking, and action goes on, but everything in these modes of experience is also seen as corresponding to something of a spiritual nature. This spiritual intensification of life can see us through the most difficult trials imaginable.

When the doctor told the man spoken of above that he would have to go to the hospital, the man refused. He wanted to stay at home. The doctor asked the man to consider those around him—his wife, his children, his friends. What was the use in staying home and dying instead of having the disease treated and at least gaining more time. The man still refused.

He did not intend to just go home and wait, but would take care of himself in the most natural ways possible. Something of an inner nature told this person that if he allowed himself to be put into the alien world of the hospital he would lose the inner sense of who he was.

We may not agree with the decision of this individual. It does not matter. We have to admire him. Somewhere, from deep within, he knew that to be taken to the hospital, dressed in a drafty gown, put into a room with strangers, poked and probed by doctors, would mean that he would never again belong to himself. He knew in his very soul that he would never recover from the separation from himself. For others, submitting to the treatment would be right. For still others the exploration of complementary treatments would be right. This story is important, not because of the content of what the person did, but because this person approached illness out of his true individuality.

Cheryl Sanders and Robert Sardello *are Co-directors of the School of Spiritual Psychology. The School offers courses throughout the country and a two year training in sacred service. For information: PO Box 5099, Greensboro, NC 27435, phone: (336) 279-8259.*



Integrative Cancer Treatment: A Guide for Patients and Their Families

Thomas Schuerholz, MD

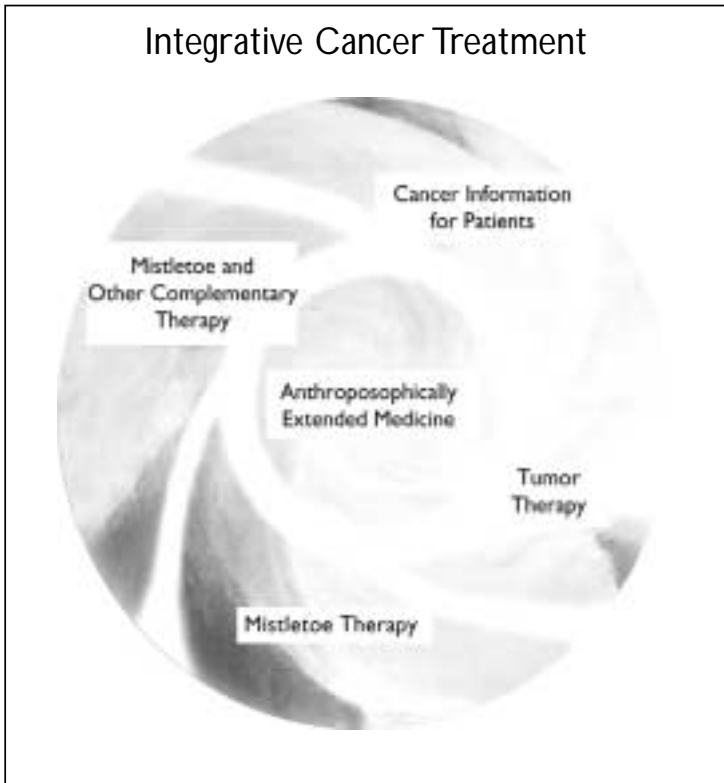
In 1996 an American by the name of Lance Armstrong lay in a hospital with metastasizing testicular cancer. In July 1999 the same man won the Tour de France, the toughest bicycle race on earth. This is an encouraging example, don't you agree?

THE FOLLOWING GUIDELINES ARE MEANT for all those affected by cancer: people who know they have cancer—maybe they've just found out, maybe they've been living with it for years; people waiting for the results of cancer tests; or people for whom cancer has become a real issue because a friend or relative has recently been diagnosed with the disease.

Cancer is a vital issue in the literal sense of the word. Countless experts have dealt with it from all aspects, and new

findings arise almost daily. Some of this knowledge should be available to you, as a person directly or indirectly involved. Many important decisions are to be made during the course of this illness, and doctors aren't the only ones to make them.

How can we decide on a method of treatment that best fits a particular cancer; one that offers the most promising results? Doctors can be familiar with various approaches, but often it is the patient, or his or her family, who can best decide what may be most suitable—based on strengths, weaknesses, likes and dislikes.



In this chapter we will survey the types and causes of cancer, as well as usual treatment measures used today. We will also outline a number of concepts underlying integrative cancer treatment, of which mistletoe therapy plays an important part. “Integrative” means to bring all reasonable available therapeutic measures to bear on the cancer, treating it from as many sides as possible.

When you finish reading this outline, you will know more about cancer and its treatment, and be better able to talk with doctors, and make decisions about therapy.

Whether you are affected by cancer directly or indirectly—we wish with our whole heart that the treatments you choose will lead to success and renewed health.

Cancer: A Biological Process We Live With

At the beginning of the last century cancer was the seventh largest cause of death. Today it is the second, and it is estimated that by the year 2005 it will be the primary cause of death worldwide.

Although cancer specialists (oncologists) around the globe have tried for decades to cure cancer, they have yet to succeed. Only the patients themselves can overcome this illness and, depending on individual circumstances, the prospects are often good. Some patients have survived even when things looked statistically hopeless. That is why it is important to consider each case by itself, and to treat it individually.

Many people die each year from cancer and many more are newly diagnosed. Yet each one, in addition to being part of a statistic, is also an individual case.

Being diagnosed with cancer may mean many things, not simply having a sickness. It could also mean the intervention of destiny, a chance, a biographical turning point, a real-life drama, or a tragedy. But cancer is always a biological process that belongs to *life*. How is this so?

How Cancer Arises

Millions of cells die in our body every day and new ones replace them because, before a cell dies, it divides. The moment a cell is created, its death (*apoptosis*) is already genetically determined. When it divides, it passes on genetic information to the new cell, such as its appearance, its task, its frequency of division, and its life span. A cell's life cycle extends from its creation to its division and finally to its death.

If something goes wrong in this very complicated process, a degenerate cell arises. This cell may just die, or it may divide repeatedly, producing more degenerate cells. You then have a tumor, which is really just a clump of "wrong" cells. The creation of a tumor can be caused by many outer factors. Alcohol, nicotine, vitamin deficiency, harmful substances in food, environmental poisons, radiation, and viruses can eventually affect normal cell division in a harmful way. So can inner factors such as stress or emotional strain. And finally, some forms of cancer arise through hereditary predisposition.

If you consider that millions of cells tread their daily predetermined path of growth, division, and death, it is obvious that

“accidents” may occur in parts of the body, and that tumor cells may arise. If everything goes normally, our immune system is designed to handle these. For example, white blood cells (leukocytes) recognize cell debris (such as tumor cells) and destroy them by literally eating them up. However, the process doesn’t function well if there are too many degenerate cells for the leukocytes to destroy successfully, or because the immune system is too weak.

Tumor Cells

A tumor can be benign or malignant; often only so diagnosed after it has been surgically removed and investigated. About eighty percent of all breast tumors are benign. It is a characteristic of tumors that their cells keep dividing and increasing. Tumors can become invasive, growing into surrounding tissues or organs (infiltration), hindering and eventually killing them, because the tumor needs ever more room to grow.

For many oncologists, malignant tumors—the most important of which are called carcinomas, according to their origin—become the focus of cancer treatment. They must be removed. After that, if patients show no further signs of the cancer, they are considered healed—that is, if the tumor does not reappear within five years. However, there may be more than one tumor during the course of a disease. Remember, a tumor can arise from a single degenerate cell. If a cell separates from the original primary tumor, it can get swept elsewhere via the circulatory or lymph system. On its journey it is either destroyed by a leukocyte or it settles in an organ or lymph node and forms a daughter tumor (*metastasis*).

Our body consists of thousands of different cells, so you can imagine how many kinds of carcinoma might arise. Some of these grow very slowly and don't disperse (they don't metastasize). Some grow rapidly but are not widely dispersed. Others don't form solid tumors; instead they become cancer of the blood (leukemia) or lymph glands (lymphomas, Hodgkin's disease).

To form an idea of the frequency of various carcinomas, please look at the following chart. It lists the six most common forms of cancer (not the number of deaths). In that connection the following should be mentioned:

- In the last twenty years the number of colorectal cancer cases has increased more rapidly than any other cancer.
- Even men can get breast cancer, although rarely.
- The carcinomas listed appear much more often in people over sixty years of age, but there are a few rare kinds that appear only or mainly in children.
- Each sex has its own carcinomas (uterine cancer in women, prostate cancer in men) but most cancers make no distinction between men and women.

Cancer: More than a Tumor: Effects on General Health

At first a tumor can cause a lot of discomfort, or none at all. A rapidly growing tumor can cause increasing pain to its host, leading to death in a few short weeks. A slow-growing breast carcinoma may remain undiscovered for ten years or more and still be painless after it is found. The severity of pain depends both on the kind of tumor the patient develops and the stage of the disease.

Aside from the direct effects, cancer has other, far-reaching implications. It impacts not just the diseased organ but the whole person. Cancer patients often feel physically weak and tired. Colds and other infections frequently plague them and aren't overcome as quickly as before. This is because the immune system is weakened and the leukocytes cannot function properly.

What we call our general health has physical, psychic, spiritual, and social aspects. All of them are closely interrelated. Patients often say that "their world collapsed" when the doctor told them they had cancer. At first, they fall into a black hole: *How far has the cancer progressed? Are there any metastases? What are my chances of being cured?* Questions like these preoccupy

Number of New Malignancies per Year (US 1999)¹

Four million patients are currently treated for cancer each year, while 1.22 million are newly diagnosed.

Types of Cancer

Prostate	179,300
Breast	176,300
Lung	171,600
Colorectal	129,400
Bladder	54,200
Stomach	21,900

and plague the individual during the first days after the initial diagnosis.

Doctors cannot always be certain about the prospects for successful treatment; they can often only offer estimates based on experience and current statistics.

Strains on the patient's general condition are compounded during the course of the disease. Even the treatments discussed later in this chapter can tax a person to the physical limits, which in turn will affect the soul. Cancer patients often suffer from wide mood swings, ranging from euphoria (I'll make it!) to hopelessness (I have only two more weeks to live). If you con-



sider how strongly moods affect our general physical health, you can see that cancer is far more than just a tumor.

Indeed, you may well be familiar with this situation: You suddenly hear that a friend or colleague has been diagnosed with cancer. You want to visit and offer help, but you are uncertain. Should you broach the subject or wait until it is mentioned? Should you talk about death and pain or should you avoid the topic altogether, and speak in a lighter vein? Everyone experiences this uncertainty in dealing with the seriously ill. Even doctors don't always find the right approach.

Of course the patient immediately notices that the relationship with family, friends, and colleagues changes, and perhaps becomes inhibited. Acquaintances, because of their own uncertainties, sometimes may even avoid the patient. Feelings of loneliness and segregation set in, which can be intensified by the treatment itself. A patient who experiences hair or weight loss during chemotherapy or radiation sometimes suffers more from stares on the street than from the severe physical effects of the treatment. Both the physical and psychological strains of having this illness can weaken a person's constitution, even when the carcinoma itself isn't directly responsible.

We all know that we cope better with hardships of all kinds when we are mentally stable. Cancer can unhinge even the most balanced person, because the disease usually brings about such a radical change in personal and professional life. Tens of thousands of people become unfit for work yearly. This impacts the economy as well as the patient, which makes us aware of the larger social dimension of the illness.

Cancer patients tend to withdraw from other people at first. And because we live in a society of healthy people in which there is little room for our sick, it becomes difficult for the latter to cultivate their usual social connections and to retain the very important feeling of being of value to family, friends, and colleagues. If this feeling is suddenly undermined because of cancer, life becomes empty, and the psychological foundation necessary for a return to good health is lacking.

Intellectual or spiritual work adds dimension and importance to people's lives. A patient lying in hospital with a broken leg can use the time to catch up on reading, writing, or contemplation. In these situations, the general intellectual or spiritual condition is not adversely affected. A cancer patient, however, frequently complains of feeling spiritually washed out and no longer capable of completing tasks, or of absorbing things. Cancer's invasiveness goes beyond general health to affect intellectual and spiritual health.

While eliminating the growth of the tumor is of primary importance, strengthening all aspects of the patient's general state of health is often the decisive factor in successful cancer treatment. Patients' prospects are better if they are in good physical condition, psychologically balanced, and socially and spiritually active. Achieving and maintaining overall good health is the basis of integrative cancer treatment as described in this book.

Tumor Therapy

The first question a patient asks is: “Is it benign or malignant?” Many ways lead to the initial discovery of a tumor. Examples are:

- A change in the size or color of a birth mark or the size of a nodule in the breast;
- Complaints about digestive disturbances or problems with urination;
- A breast or prostate checkup revealing a suspicious growth.

Once a tumor is discovered, careful, well-considered action is required. Depending on the kind and location of the tumor, the doctor will conduct tests to determine whether the cancer is malignant or benign, and to classify it. Various methods of investigation are available.

A *blood sample* can often reveal a great deal. Laboratory doctors can determine the tumor’s immune status by counting the number and kind of defensive cells contained in the blood. One way our immune system reacts to particular tumors is to form quantities of special defensive cells. In addition, most tumors betray themselves through so-called *markers*. These are substances such as hormones, proteins, or various cells. These are either formed by the tumor, or the tumor induces the body to build them. If the laboratory finds a high PSA (prostate specific antigen) value in a blood sample, it is a marker—a sign—that indicates the presence of a benign or malignant disease of the prostate.

Seven Signs of Possible Cancer

1. Any wound or ulcer that doesn't heal.
2. Nodules and thickenings in or under the skin, especially in the mammary gland area, and large swellings in lymph nodes.
3. Any change in a mole or birthmark
4. Ongoing stomach problems, difficulty swallowing, or intestinal irregularities.
5. Long term coughing or hoarseness
6. Bloody feces, urine, sputum, or other unusual excretions from the body orifices.
7. Irregular menses and bleeding after menopause.

Finding and Assessing a Tumor

In addition to markers, there are a number of visual aids with which to diagnose the presence of a tumor. Depending on location and complexity, a physician may use

- X-ray (sometimes with a dye that helps to provide a better look at particular parts of the body);
- Sonogram, which does not stress the body as much as X-rays;
- Computer tomography (CT) or magnetic resonance tomography (MRT), a relatively expensive method of diagnosis that provides three-dimensional pictures of the tumor as well as a speedy and accurate assessment of it; and

- Scintigraphy, in which the patient gets an injection of a radionuclide. The mild radiation is not dangerous, and the scintiscans can provide a very accurate picture of possible tumor foci through the distribution of radiating substance in blood vessels, tissues and organs.

Finally, a doctor may remove some of the irregular tissue (*biopsy*) to examine it histologically. *Histology* is the study of tissues. A microbiologist examines tissues in order to determine whether cells are benign or malignant, and to which kind of tumor they belong. If a biopsy is not possible, then the whole tumor must be surgically removed, and later subjected to a histopathological investigation.

The doctor tries to determine the level of malignancy of a tumor and its classification as soon as possible, although sometimes classification is only possible after treatment has begun, following the removal of the tumor. The classification summarizes the most important characteristics of the illness.

TNM Staging

“TNM staging,” used internationally, is the most common classification system. This system permits doctors to classify essential tumor data with a short set of letters and numbers. T stands for tumor, N for node and M for metastases. A number follows each letter. TNM staging is slightly different for each kind of cancer. The table on the next page shows the classification for common breast cancer.

A doctor who reads “breast carcinoma T1N1Mo” knows that this tumor is up to two centimeters large, has one or more swollen lymph nodes, possibly affected, and no sign of metasta-

Histological Grading of Tumor Cells

- G1 very well differentiated
- G2 fairly well differentiated
- G3 poorly differentiated
- Gx degree of differentiation not determined

A tumor's degree of malignancy is determined by comparing the similarity of its cells to the surrounding healthy tissue. The greater the similarity, the better the differentiation and the less malignant the tumor.

sis. On the basis of this classification, a prognosis can be made. *A prognosis is a prediction about the course of the disease based on general statistics and worldwide experience with cancer.*

A patient may hear that “the prognosis is good” or “it’s unfavorable.” The doctor may give the patient a certain number of years to live, or relay other expectations. *These are statistical probabilities of healing, survival rates, and times for all types of cancer.*

A physician will immediately share a favorable statistical prognosis with the patient. But if the prognosis is not so favorable a doctor often keeps it to himself, responding only to urgent questioning. And he’s right in doing so: *statistics are only probabilities, not facts or guarantees.* A patient with a particular type of cancer that has a ninety-nine percent death rate, statistically speaking, may belong to the one percent group that fully recovers.

TNM Classification for Breast Cancer

T Primary Tumor

- Tis Pre-invasive Carcinoma
T0 No basis for primary tumor
T1 Tumor diameter \leq 2 cm
T2 Tumor $>$ 2 cm $<$ 5 cm
T3 Tumor \geq 5cm
T4 Tumor of any size

N regional homolateral lymph nodes

- N0 No palpable axillary lymph nodes
N1 Palpable, moveable axillary lymph nodes
N2 Lymph nodes attached to each other or to something else
N3 Supra- or infraclavicular nodes or arm edemas

M Metastasis

- M0 No sign of metastases
M1 Existing metastases

Medical terms:

- Carcinoma in situ = pre-invasive
- Regional ipsilateral = lymph node near the tumor on one side of the body
- Axillary = located in the arm pit
- Supra/infra clavicular = located above/under the collarbone

Because cancer is such a prevalent disease, stories of “medical miracles” often arise: a tumor suddenly stops growing and the patient dies of old age years later, with that tumor still in place but unchanged. Another patient experiences spontaneous remission for no apparent reason—the tumor shrinks, with or without treatment, disappears and never again causes problems. As you read on you will find many factors that affect healing, some of which were just mentioned. In any case, statistical prognosis makes a general statement about the totality of cancer patients and has no significance in the individual case.

Cancer Treatments

The Three Pillars of Conventional Cancer Therapy

Surgery, radiation, and chemotherapy make up the three classic pillars of conventional cancer treatment. The destruction of the tumor is their first and most important goal. Decades of use worldwide have yielded abundant experience, especially with the various components of chemotherapy, which undergo so-called clinical trials on an ongoing basis. These trials employ the *prospective, randomized, double blind studies* favored by orthodox medical science. A new medicine must be tested in such trials to be approved for distribution to, and acceptance by, physicians.

“Randomized” means that a large group of patients are randomly divided into two or more groups for a prospective study. This is meant to guarantee that each group has the same values or characteristics. During the trial one group receives the medication being tested, and the other group, or groups, receives an

inert substance (*placebo*). “Double blind” means that neither the patients nor their own physician, nor the people conducting the study, know who has received the placebo and who the real medicine until after the trial is complete. This is to prevent bias, especially on the part of the patient.

Interestingly a *placebo effect* is fairly frequent. This means that patients taking the placebo experience symptoms and side effects as though they had been getting the real medication. This phenomenon can arise from many factors not related to the placebo alone. These factors might be other therapeutic measures conducted during the trial, or they may be psychosomatic and psychotherapeutic. The fact that placebo effects do arise at all in these clinical trials, and that they are difficult to explain, strongly indicates possible interactions between body and soul that are inaccessible to conventional scientific knowledge.

In cancer therapy such randomized, double-blind studies present a problem. Testing a treatment of which one expects good results means having to deny half of the patients this possibly life-saving intervention. There are many physicians, among them some anthroposophical doctors, who do not take part in such studies. Besides, such clinical trials can furnish only physical measurements in a relatively small number of candidates; if and how treatment affects the soul is very hard to standardize by such measures.

Soul effects are largely considered to be subjective, and “subjective measurements” do not easily fit into a conventional, scientific view of the world. This is why they are rarely investigated in clinical trials. Recently, however, a number of investi-

gations have attempted to measure the quality of life—also a subjective factor. The influence of mistletoe therapy upon the quality of life of cancer patients has been, and continues to be, investigated, with very encouraging results, although some conventionally oriented doctors doubt the scientific basis of such studies.

Conventional cancer therapy is mainly directed at destroying the tumor, which it attacks in the three ways mentioned, either singly, or in pairs, or bundled in various combinations over time.

Surgery

There are countless techniques for removing a tumor. Some tumors can be removed through minimally invasive laparoscopic surgery. Depending on the type and stage of the illness, more comprehensive surgery, perhaps even amputation, may be called for. In every case, the surgeon will remove some healthy surrounding tissue to make sure that not a single cancer cell has been left behind.

If lymph nodes are diseased, they are removed, including healthy lymph nodes near a tumor. Tumors can appear anywhere, including places that are hard for a surgeon to reach. This applies to certain brain tumors, where one of the other two methods already mentioned must be used. Depending on where the tumor is found, radiation or chemotherapy may be indicated to shrink its size before attempting surgery. Conversely, a tumor that at first cannot be completely removed may be surgically reduced in size to give radiation or chemotherapy a better chance of dissolving it.

Chemotherapy

The second pillar of conventional cancer therapy is chemotherapy, which uses various medications called *cytostatics*. “Cyt” means “cell,” and cytostatics work on the status or condition of the cell. They are cytotoxic, poisoning and destroying body cells. As we have already discussed, tumor cells are nothing but mutated, previously normal cells that divide and multiply faster than the cells they originated from. Cytostatics only destroy cells in the process of division. Just because cancer cells grow and divide more rapidly than normal cells, however, does not mean that cytostatic treatment destroys only cancerous tissue. Therefore, the physician chooses carefully calculated combinations of cytostatic substances that affect different stages of cell development, in an attempt to target the tumor cells while sparing the healthy cells as much as possible.

In certain cancers, such as prostate and especially those that do not form solid tumors such as leukemia or Hodgkin’s, chemotherapy can be very effective, although the patient may suffer considerably from side effects during treatment. However, the prognosis is very good for these forms of cancer and justifies such radical therapy. In the end, the patient must participate in the choice of treatment he or she will be receiving, because ultimately they will be helping to *support* the treatment and not just enduring it.

Side effects impact especially the blood-forming system, which has to be monitored continuously during chemotherapy, and which is often on the verge of collapse. A patient’s mucous membranes also suffer, and severe gastrointestinal disorders can result from chemotherapy. Because it regenerates itself so fre-

quently, the skin is also affected. Chemotherapy patients often lose their hair (also called “skin appendages”). Because of these various physical side effects, patients may suffer from severe depression and other adverse psychological trauma.

Sadly, in the past, such interventions have not resulted in conclusive success. In some cases, good psychosocial care and widely based support treatments are more important than the medical therapy directed at the tumor.²

Besides their use in cancer therapy, cytostatics are used in organ replacement therapy, because they suppress the body's immune system. With them, it is possible to prevent the body from recognizing the new organ as a foreign element and rejecting it. Any patient on chemotherapy has a weakened immune system, leading to life-threatening complications. Infections are the greatest danger; in some circumstances even a cold can be fatal.

While chemotherapy has a firm place in cancer treatment, and its responsible use is justified, some well respected physicians object to its excessive use:

After several decades of intensive clinical investigation of cytostatic substances there is still no evidence that chemotherapy gives patients with advanced stages of cancer a longer life expectancy.³

Radiation Therapy

Radiation is the third strategy used by conventional medicine to destroy tumors. There are many reasons for using radiation therapy, such as after an operation to eliminate remaining cancer cells, or if a physician can't reach the tumor with a scalpel. Radiation is particularly suited for malignant, rapidly forming tumors because they are more sensitive to radiation than other bodily tissues and can sometimes best be destroyed with localized rays.

X-rays, gamma rays, and electron radiation are some of the many therapeutic radiation methods used today. But because all forms of radiation tend to destroy the body tissue they pass through, radiologists and nucleologists work out a radiation plan that is as exact as possible for each case. This helps ensure that the tumor is completely destroyed while the least possible damage is done to healthy tissue.

The skin reacts to radiation by displaying sunburn-like symptoms, including irritation, reddening, browning, and loss of hair at the radiated spots. The patient often feels generally unwell following treatment. Depending upon the treated organ or area, side effects can range from urination problems or intestinal inflammations: the side effects are not always temporary and, in rare cases, produce scars on affected organs. This can lead to irregularities in evacuation of the bladder and intestines.

Interactive Therapies

Treating the Tumor from Many Sides

The three classic pillars of cancer treatment are often used together or in pairs. Radiation or chemotherapy used in conjunction with surgery is called accessory (adjunct) treatment. It is meant to ensure that the tumor and possible metastases are completely destroyed.

Beyond these, there are many other adjuncts to treating cancer. Some are commonly used and generally accepted, while others are looked upon with doubt in conventional medical circles. Here are some examples.

Hormone Therapy

Today it is common knowledge that the growth of certain carcinomas is hormone dependent. The hormone estrogen has a growth regulatory effect on tumors in the female breast. The hormone hydroxy-progesterone influences endometrial cancer. Depending on the particular case, hormone or anti-hormone preparations can change the hormone balance of a patient to such an extent that metastases can be prevented, or the severity of the disease reduced (known as remission).

Biological Immune Therapy

As discussed earlier, leukocytes or natural killer cells in our immune system recognize tumor cells and destroy them. Biological immune therapies are meant to stimulate this function, or to harmonize the disrupted system. Today we know that a direct relationship exists between our central nervous

system, the immune system, and the soul. An immune therapy that considers these aspects can build resistance to the cancer, and strengthen and support a patient's energy and even the will to live. However, one should not rely solely on immune therapy for tumor destruction.

Therapy with Isolated Lectins

Medications have been on the market for some time now that are said to have a standardized content of mistletoe lectin 1 (ML1). It is assumed that ML1 and other ingredients of mistletoe have an inhibiting effect on tumor growth. The manufacturers of such lectin preparations say that ML1 is their only medically active ingredient. But, in fact, these medications are aqueous extracts of the whole mistletoe plant, and the ML1 activity is derived from a standardization of the total content of ML1, ML2, and ML3. These preparations may contain a certain quantity of ML1, but they also contain undetermined quantities of other substances. Lectin preparations may be quite suitable for adjunct tumor therapy, although theoretically not using the full therapeutic potential of all the substances in a mistletoe extract.

Homeopathic Medication

Very diluted (attenuated) homeopathic remedies are used to activate the body's own healing forces. Homeopathic medications can be drawn upon to treat many of the complaints that accompany cancer. A good homeopath would never claim that his or her treatment destroys tumors, for the treatment can only

help to support the body's own functions. Homeopathy cannot treat tumors directly.

Mistletoe Therapy

An extract from the whole mistletoe plant contains various lectins (the main ones being ML1-3), numerous viscotoxins, and more. *In vitro* test tube experiments with these two groups of substances indicate that they have an inhibiting or lethal effect on cancer cells.

Mistletoe therapy has been used in Germany and Switzerland in the treatment of cancer for over eighty years. To date, about 30,000 patients have been treated with mistletoe at the Lukas Clinic in Arlesheim, Switzerland. About half of the physicians practicing in Germany now use mistletoe as adjunct therapy, and their numbers continue to increase. Many studies have tracked the good results experienced by patients (in vivo) that confirm the anti-tumor effects found in test tubes.

The most common form of mistletoe therapy is subcutaneous injection. It is relatively simple and can usually be done by the patient at home after the physician demonstrates the proper procedure. The mistletoe preparation is generally injected twice or three times a week with a very thin needle into the area prescribed by the physician. It is a procedure similar to the injection of insulin for diabetes. Mistletoe preparations can be given intravenously, but this is usually done in clinics or private practices that specialize in cancer or in hospitals with inpatient services.

Shortly after an injection, the patient usually experiences a local reaction, especially at the beginning of therapy. The skin

Substances Contained in Whole Mistletoe Extract and Their Effects on Tumor Cells

Mistletoe lectins and other glycoproteins	Cytotoxicity through inhibition of protein synthesis
Viscotoxins and other polypeptides	Cytotoxicity by dissolving cell membranes
Peptides	Cytotoxicity (tumor inhibition in the laboratory)
Polysaccharides	Inhibition of the cytotoxicity of mistletoe lectins
Oligosaccharides	Tumor inhibition in the laboratory

Definitions: ribosomal protein synthesis=the process by which a cell produces protein to form new cells/ induction of apoptosis=the induction of cell death.

at the puncture site gets red, warm, slightly swollen, and itchy for a short time. Local reactions do not appear in all patients after injections. The doctor will monitor the reaction to the first few injections and modify treatment if necessary; these reactions, however, are not dangerous.

That the organism responds positively to mistletoe therapy with a local reaction is desirable, as will be explained further in the following chapter. Besides its effect on the actual tumor, mistletoe has other positive aspects, from which an integrative approach to cancer treatment can benefit.

Anthroposophically Extended Medicine

The concepts of integrative cancer treatment, mistletoe therapy, and anthroposophically extended medicine are closely connected. Here is a brief explanation of anthroposophically extended medicines.

Rudolf Steiner (Austrian philosopher and scientist, 1861–1925) founded the Anthroposophical Society (Greek: human [*anthropos*] and wisdom [*sophia*]) in Germany in the early 1900s based on an epistemology and a spiritual scientific world view with the human being at its center. This world view has been widely influential since then, giving rise to Waldorf schools and kindergartens, and to various forms of therapeutic education. Biodynamic agriculture, which grows crops according to laws of nature and the cosmos in order to nourish the “whole” human being, has its origins in anthroposophy as well.

Steiner also gave medical indications to physicians. These indications were subsequently developed further. Today, anthroposophically extended medicine has a recognized place in the public health systems of Europe with a dozen clinics as well as several hundred doctors in private practice using these methods. A large teaching hospital at the University of Witten-Herdecke in Germany was founded through the initiative of

anthroposophical doctors. It is also a medical school. So was the Lukas Clinic in Switzerland. Anthroposophically extended medicine is established worldwide from New Zealand to Brazil and Great Britain to the United States.

Collaboration in Cancer Treatment

Anthroposophically extended medicine does not promote rules that dictate a course of action to an anthroposophical physician. Therefore, the description of anthroposophically extended medicine cannot be expected to fit every physician.

First and foremost, the anthroposophical physician is a fully trained and licensed medical doctor who, like every other medical doctor, must be fully conversant with conventional medical practice. However, conventional medicine deals mainly with the physical body. This is just the starting point in anthroposophically extended medicine which understands the human being as a unity of body, soul, and spirit, including life phenomena, and consciousness with all degrees of feeling and self-awareness. These levels of existence are inseparably connected to each other. For the anthroposophical physician, illness never affects just the physical body—it affects the patient as a whole. The goal of anthroposophical medicine is to restore the harmony between levels of existence previously disrupted by illness, and to help the patient find a new balance in his or her environment.

Anthroposophical therapies such as therapeutic eurythmy treat not just the disease but the whole human being. An anthroposophical physician is not required to be a naturopath, although treatment with natural medicines and methods has its

firm place in anthroposophically extended medicine, as does homeopathy. An anthroposophical physician may treat a broken toe just like any other doctor, but the more complicated the pathological process is, the more the doctor will take into account the patient's soul and consciousness in the choice of therapies.

If you are familiar with the ideas in holistic medicine you will know that many of them agree with the content of anthroposophically extended medicine. It can very well happen that a holistic doctor who has nothing to do with anthroposophical medicine may prescribe treatments similar to those an anthroposophical physician would choose.

It is vital to understand that anthroposophically extended medicine is not an alternative to conventional medicine, but rather a logical extension of it. It does not claim to always have the best or only path to healing. Anthroposophical medicine does, however, have the most experience with the use of mistletoe in cancer treatment, which is the theme of this book, although any physician can carry out skillful mistletoe therapy.

Mistletoe Therapy

An Achievement of the Anthroposophical Approach to Health and Illness

Over the last eighty-five years mistletoe has become the focus of attention in a new way. Once, Celtic Druids revered it as a general panacea for all ills. In the Middle Ages it was used for liver ailments and later on to lower blood pressure. Interest

revived at the beginning of the 20th century. In 1907, the Munich-based botanist Karl von Tubeuf began to collect everything there was to know about mistletoe from mythology, cultural history, and natural science, and he published this as *Monographic der Mistel (Monograph on Mistletoe)* in 1923. In the fall of 1904, Rudolf Steiner began to speak about mistletoe within the framework of his spiritual scientific research activities.

The myths that surround mistletoe can be explained partly from its botanical qualities. Indeed, mistletoe is a unique plant. Although there are several varieties, only the mistletoe with white berries, *viscum album*, is used in cancer therapy. There are three subspecies of *viscum album* in central Europe: deciduous tree mistletoe, pine mistletoe, and spruce or fir mistletoe.

A unique trait of mistletoe is that it lives on host trees as a parasitic plant. Various kinds of birds eat its white berries, which contain one seed each. The birds either excrete the seed again and it sticks to a tree branch with their droppings, or they eat only the berry's flesh, leaving the uneaten seed sticking to a branch or tree trunk. The seedling then develops a sinker that penetrates the bark and wood of the host tree, through which the newly budding plant is able to get water and nourishment. The mistletoe bush has a distinct spherical shape and grows very slowly, only beginning to flower after five to seven years. When the plant is ten to fifteen years old, it is harvested and made into a medicine.



A New Task for an Ancient Plant

The Greeks called mistletoe “ixos” or “ixia.” *Iscador*, also known as *Iscar*, are brand names for mistletoe tincture, and take their names from the Greek. Since 1935, the Society of Cancer Research in Arlesheim, Switzerland, has been concentrating all its efforts on the manufacture, research, and development of *Iscador*. The Lukas Clinic, founded in 1935 and an offshoot of the Society of Cancer Research, specializes in treating cancer patients with *Iscador* as well as with corresponding alternative therapies, many of which are discussed in this book.

As early as 1917, Rudolf Steiner suggested using injections of mistletoe extract for the treatment of cancer. His recommendation was taken up and put to clinical use by Ita Wegman, a

Dutch physician. Dr. Wegman, who founded a clinic in Arlesheim, developed Iscador, together with a growing group of clinical practitioners. Iscar the homeopathic version of Iscador, is available in the U.S. from Weleda, Inc., a Swiss-based homeopathic pharmaceutical company. Iscador is the most prescribed mistletoe preparation used today.

Any anthroposophical mistletoe preparation is by no means simply a pressed juice. As previously mentioned, the sap contains lectins, peptides, viscotoxins and other proteins, as well as polysaccharides. More research work on these ingredients is continually being done, but it is known that viscotoxins are cytolytic, that is they quickly dissolve the membrane of tumor cells. Mistletoe lectins act more slowly and cytostatically; that is, they inhibit the growth of tumor cells.

Mistletoe contains the greatest amount of viscotoxins in summer and the greatest amount of lectins in winter. Harvesting mistletoe both in spring and autumn provides sap from the same plant but with an emphasis on two different ingredients. The harvested mistletoe is carefully worked into a tincture by a special method, and then summer and winter saps are mixed together in a copper-lined centrifuge. The preparation that arises in this way contains some viscotoxins and some lectins, both of which have antitumoral effects, and also contains plenty of all the rest of mistletoe's ingredients. Much is still unknown about the latter's effects, but it seems that the effect of lectins and viscotoxins upon cancer is enhanced by these trace ingredients. "The whole is more than the sum of its parts," certainly applies to mistletoe therapy. This element of the intangible may be one of the reasons that most doctors trust this kind

of mistletoe preparation more than preparations that contain simply isolated lectins.

Experiencing Life: Integrative Cancer Treatment

Conventional cancer treatment targets the tumor, which is diagnosed as precisely as possible and destroyed as quickly and radically as possible. Then the side effects of the tumor-destroying therapies are treated as effectively as possible. Successful treatment is followed by an after-care phase that is diagnostically oriented: by way of regular checkups, the doctor looks for signs of a relapse. This is the classic procedure if the destruction of the primary tumor and of all metastases present was successful.

Integrative cancer therapy goes beyond the destruction of a tumor. The patient's quality of life and other factors besides the tumor are also of considerable importance. Quality of life is composed of countless elements that are of varying importance to different people. Health is a very important factor for everyone; and it is endangered for a cancer patient. In integrative therapy the task is to find out *what other factors* are important to each individual patient and to strengthen and support these as much as possible. A patient's general feeling of well being consists of many dimensions. If it is good—aside from the cancer—a patient will be able to deal with the side effects of the tumor-destroying treatment better, recovery from the treatment will be easier and faster, and the chances of a relapse will be less.

Disease and Quality of Life

Various complementary, adjunct, and palliative measures can be taken to improve the patient's general condition and thereby the

quality of life. Some of these have already been presented here in connection with tumor destruction. Mistletoe therapy has a very positive effect on the quality of life. You will learn more about this on the following pages.

Unfortunately, a complete and successful destruction of a tumor is often not possible. The disease may be at a stage where removing the tumor and/or all metastases is no longer possible, or the primary tumor quickly recurs in the patient.

Then there is the question everyone associated with cancer asks: How long will I live and how will the remaining time be? You already know that conventional medicine can only answer these questions statistically, but this does not necessarily have binding relevance in the individual case. The second part of the question concerns quality of life, which can be improved considerably through the use of mistletoe in an integrative therapy. Indeed, it is often necessary to weigh the importance of the different quality of life factors for each individual patient to get the best possible results of an “individualized” therapy.

For example, palliative pain therapy can increase or restore the quality of life to a patient experiencing a great deal of pain from conventional cancer therapy, because the absence of pain is an important quality of life factor. But such a palliative therapy may have to include high doses of strong analgesics, so that the patient has trouble concentrating and feels “numb” and as if “packed in cotton.” He or she can’t read with much concentration anymore or participate animatedly in conversations with friends or relatives. In this case the quality of life “freedom from pain” takes precedence over other qualities of life such as “intellectual capability” and “social competence.”

Quality of Life

In Germany, research has shown that people look for improved quality of life. The following eighteen factors were considered most important although varying from one individual to the next:⁴

Sphere of activity: Do I have better mobility, can I travel more easily, is there enough infrastructure for me?

Employment: Are things going better for me in my economic situation, am I recognized for a particular activity (given respect)?

Food: Is my food wholesome and tasty? Does it improve my intellectual output and my mood?

Feeling Life: Am I full of optimism, hope, joy in life, comfort, security, sympathy, and love?

Intellectual Capacity: Is my concentration and learning ability growing?

Social Life: Are my relations with family, partner, friends and trusted people improving?

Feeling of Well Being: Am I free of pain, symptoms and problems?

Freedom from Conflicts: Are my conflicts decreasing?

Body Control: Are my mobility and elasticity improved?

Communication: Do I have more possibilities of exchanging ideas and of gaining recognition?

Cultural Knowledge: Do I have better possibilities of cultural experiences, or am I already surrounded by culture? Is my perception of beauty and aesthetics improving?

Social Responsibility: for children, family, partner, neighbors, friends, trusted people, oppressed and needy people, and all humankind—is it improving?

Sleep, Rest: Is there enough energy, and do I have an unrestricted source of strength?

Vacation, Relaxation: Are my free time and hobbies being promoted?

Awareness of the Environment: Is ecology improving?

Living Quarters: Are my subjective living conditions improving?

Sexuality: Is my sex life improving?

Dying “Well”: Am I finding calm inner peace, physical relaxation and spiritual acceptance?

In another example, a patient has cancer in an advanced stage and only expects to live another six months. The doctors think that chemotherapy would add another year to that. But chemotherapy would keep him or her from fulfilling an ardent wish to take one more trip to Australia. In such a case a choice has to be made between a lengthening of life “at any price” and the fulfillment of a “lifelong dream.” A doctor can offer advice here, but it is the patient who has to make the final decision.

Integrative cancer therapy that uses mistletoe preparations in cases where the cancer no longer seems curable can help ease patients' remaining time, so they live it and don't just have to endure it. However, one must not deny that there are forms of cancer and courses of the disease in which medical skill can no longer help. In such cases the treatment must concentrate on relieving the patients' discomfort and on supporting them in every respect in the last days of their life.

Mistletoe and the General Physical Condition

As described, in addition to its regulatory effect on the immune system (immunomodulatory effect), mistletoe therapy has a concrete effect on tumor cells. The local reaction patients experience after a mistletoe injection indicates that the body is reacting positively to the therapy. The mistletoe preparation actually stimulates the body's immune system.

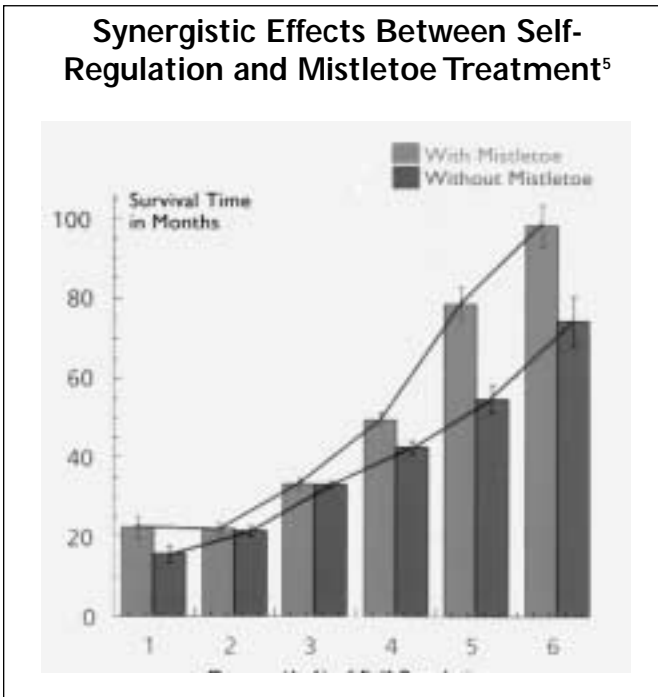
As already mentioned, the immune system fights all "foreign" cells, pathogens, and tumor cells—if the immune system is intact. Fever is a sure sign that the immune system is "running at full speed." In this case, it should only be reduced if the temperature gets so high that it becomes life threatening. A patient's temperature increases slightly, sometimes even into the fever zone, after an injection of mistletoe and drops again in six hours or less. The weakness and headache and aching limbs that often accompany fever usually don't occur.

Changes in the immune system can be tracked through blood analysis; the number of neutrophile granulocytes (one of the many kinds of defensive cells in the immune system) increases considerably after the mistletoe injection and is still a

little high the next day. Conversely, lymphocytes (another group of defensive cells that includes the natural killer cells that are especially desirable in cancer therapy) decrease in number, become normalized again, and then increase greatly after twenty-four hours. This immune modulating effect of mistletoe therapy is useful in cancer therapy in three ways:

1. The body's defense against circulating cancer cells is supported, which can prevent (further) metastases.
2. Surgery, radiation, and especially chemotherapy can greatly weaken the immune system. This weakening is partially eliminated through a simultaneous mistletoe therapy. Of course, an immune system that has been suppressed by "hard" chemotherapy cannot always be completely reharmonized again through mistletoe therapy.
3. After a successful tumor-destroying treatment, a bolstered immune system helps prevent relapses (recurrent prophylaxis) in the after-care phase. If the tumor was not completely healed or eradicated, the mistletoe therapy also provides better protection against infectious diseases in general.

An important general goal of anthroposophical therapy is the harmonizing—or reharmonizing—of a person's life processes, and experience has shown that mistletoe therapy can provide strong support here. Many cases document such harmonizing results: Mistletoe therapy can counteract the lack of appetite that is often connected with cancer, and enable patients to eat enough to get back to their normal weight. Mistletoe therapy can normalize disrupted sleep rhythms; sufficient, deep, refreshing sleep is very important for a cancer patient. Mistletoe



therapy can normalize disturbed blood-pressure regulation, stabilize blood pressure and improve both blood circulation and its immune cells in the body.

Patients with cancer in advanced stages often say that they experience less pain during mistletoe therapy. This may be because of a stimulation of the body's endorphins. Endorphins are substances formed by the body that kill pain—like morphine—and make one feel “happy.”

These physical effects of mistletoe therapy do not always occur but are frequently observed and are reported in studies. The full range of mistletoe therapy has still not been fully uti-

lized, but intensive work continues to be done. In future, you may expect much of mistletoe.

The Importance of Self-Regulation

The connection between the soul (psyche) and a person's physical condition is largely inexplicable, but everyone knows it exists. Psychic stress has been seen as a possible factor in triggering cancer. The pathological fear of getting cancer—carcinophobia—is a drastic example of the connection between body and soul. Even if the fear does not arise because someone's relatives or acquaintances have cancer, there is a high probability that a person with carcinophobia will indeed contract the disease.

Unfortunately, the converse is not true. People who have no fear of cancer develop it anyway. But the survival rate of cancer patients is distinctly lengthened if they are in good control of their soul (psychic self-regulation).

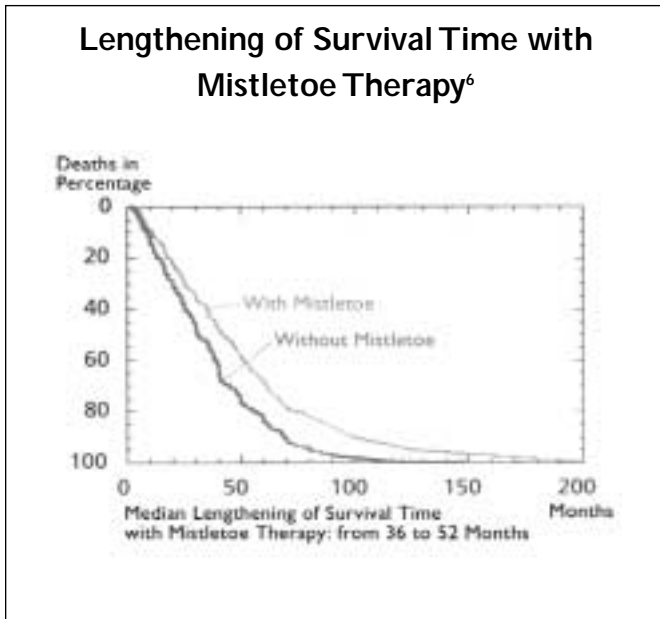
What is self-regulation? Self-regulation is the capacity to bring about one's own well being, inner equilibrium and a feeling of competency, and to cope with stressful situations. To put it very simply, having good self-regulation means being able to generate a "good feeling" in oneself and to create an inner harmony even when confronted by stress factors.

In a thirty-year study recently published, over 10,000 cancer patients with mostly advanced stages of cancer were investigated. Their self-regulation was tested and assessed with a comprehensive questionnaire (see graph on previous page). The result was clear: the better the patients' self-regulation abilities were, the longer they survived the disease, regardless of

which therapy they had undergone. In a study investigating the effectiveness of mistletoe therapy on 1,000 patients, there was an increased average survival time from thirty-six to fifty-two months with mistletoe therapy. Another interesting result of this study was that the patients who underwent the mistletoe therapy had a higher degree of self-regulation than those who did not. Mistletoe therapy and good self-regulation complement each other.

Here again, statistics do not always apply to a single case. A patient with poor self-regulation abilities who does not undergo mistletoe therapy might nevertheless have a long survival rate, but these cases are rare.

One very interesting question that was not investigated in the study asks why mistletoe therapy patients develop better



self-regulation abilities than others. Researchers will surely pursue this question and perhaps be able to explain scientifically what still seems puzzling and mysterious today. In any case, studies have shown that the subjective quality of life of cancer patients is greater *during* mistletoe therapy than *before* therapy began. A new study of doctors using mistletoe will focus on this question. Perhaps additional indications as to the connections between self-regulation and mistletoe will emerge from it.

Other Complementary Cancer Treatments

The primary goal in conventional cancer treatment is to destroy any tumors that are found. If this is successful, steps must then be taken to guarantee both a speedy recovery and the best possible protection against relapses. If the cancer cannot be eliminated, integrative therapies can lengthen the patient's survival time, and help ensure that the patient can experience a high level of quality of life. The key phrase here is "quality of life."

The use of mistletoe *is* the basis of an integrative cancer therapy, but there is a lot more that can be done. The following are just a few examples of the kinds of therapeutic measures that can be used to supplement a combination of conventional cancer treatment and mistletoe therapy. For more information, please contact the phone numbers in the resource section, which is at the back of this guide.

Rhythmical Massage, developed by Ita Wegman, MD

The goal of rhythmical massage is to stimulate the immune system through positive skin stimulation. As a complementary

measure it is especially suitable for patients whose immune system has been weakened by chemotherapy or other strong treatments.

Therapeutic Eurythmy

In therapeutic eurythmy, words or tones are transposed into movements in space to attain a harmony with the organism's inner movements and to stimulate the organism's life forces. Therapeutic eurythmy has distinct meditative references, and can help one to renew one's inner self. It allows patients whose life has become disjointed because of the disease to become calm again, and helps activate the recovery process.

Artistic Therapies

Clay modeling, painting, music, and other artistic therapies are used in anthroposophical medicine to restimulate the patient's creativity. Patients who have already become resigned to the disease are encouraged to interact actively and creatively with their surroundings again, and to discover new energy needed to reshape life. Joy in artistic activity and in the results of one's own work can have positive effects on self-regulation.

Physical Therapy

Remedial gymnastics and mobility training can help bedridden patients quickly get back on their feet and deliberately get rid of physical deficiencies, such as weakness from lack of movement. When restriction of movement is a result of amputation or other radical surgery, general movement can be improved by the physiotherapies mentioned. Lymph drainage can eliminate

congestion in the lymph system. The lymph system has to function perfectly if the immune system is to remain intact.

Sports

Movement is almost always healthy, regardless of the kind of cancer one has. It can strengthen the whole body as well as the immune system. In the preface to this chapter you read about a Tour de France winner who had been a cancer patient not too long before the race. Danish soccer forward Ebbe Sand had a similar fate: At twenty-six, he was operated on for testicular cancer, and yet twenty days later he was back on the field. These examples are motivational, and show what determination and strength of will can overcome. However, every cancer patient should consult a physician about the kind of sport he or she may play and the stresses involved.

Nutrition

Because of the severity of some of the conventional treatments, cancer patients are often underweight. To help counteract any nutrition deficiencies, patients should be sure to have a balanced diet. However, cancer in the liver or digestive organs and other factors can make it difficult to ensure this. It is advisable to discuss nutrition with the doctor.

Eating a lot of vitamins and minerals will support the immune system, but sufficient amounts of these elements are present in very nutritious food. The American Cancer Society has provided guidelines for a diet that may help reduce the risk of getting cancer. Every cancer patient should take them to heart: Don't get too fat or too thin; keep the fat portion of your

food under thirty percent; make sure you eat a well-balanced diet that includes biodynamic or organic foods rich in vitamins, minerals, and trace elements; eat a lot of roughage; and avoid alcohol as much as possible.

Biofeedback and Self-training

These disciplines teach the techniques of relaxation. Relaxation is recommended for very restless and nervous patients, and is helpful to those patients who suffer from sleeping disorders and other forms of unrest.

The Simonton Method

Used when a patient is in a deeply relaxed state, this method involves the psychotherapeutic technique of “intrapersonal visualization” developed by Carl Simonton. For instance, an experienced therapist gets a deeply relaxed patient to visualize that he’s sending out healthy cells that overcome the tumor and destroy every bit of it. A therapist certified in the Simonton Method must administer this therapy.

Yoga

Yoga has strong meditative qualities and can generate an “inner equilibrium” along the lines of a relaxation technique. Yoga increases the awareness of the body. Cancer patients who are plagued by stress can come to rest through yoga; they learn to “turn things off” and to find themselves.

Psychotherapy

Psychotherapy—alone or in a group—can help a patient develop positive strategies to cope with the fears and conflicts of the disease, and strengthen self-regulation abilities. Patients who discover or suspect deficiencies in self-regulation can make valuable contributions toward the standard treatment with a corresponding therapy.

Self-help Groups

In the United States, there is an almost blanketing network of self-help groups for cancer patients and even specific groups for those who suffer from different kinds of carcinoma. Patients whose disease has gotten them into new situations with which they can't cope, such as having to wear an artificial outlet for the intestines or bladder, can find others in their group with the same problems. By joining such a group, the patients realize they're not alone. Patients also benefit from valuable tips on how to deal with the illness, and may even be able to offer advice to a fellow group member, which helps raise self-esteem.

Social Activity

Going to a party or other social event can sometimes be of therapeutic value to a cancer patient. The social withdrawal that cancer patients sometimes choose has already been described here. But being human also includes the social aspects of life; conversation and interaction with others belong to life and are a big help in training or retaining the capacity for a healthy self-regulation.

These examples of complementary measures within the framework of an integrative cancer therapy cover only a fraction of therapies possible. Other measures not presented here might be suitable as well, depending on the patient's personality but also on the type and stage of the disease.

Cancer is such a comprehensive theme that this guide can provide only a beginning impetus to becoming better informed. As mentioned in the preface, there are questions about cancer treatment that many doctors do not like to decide by themselves. To help the physician make the right decisions for a particular individual, the patient himself or herself needs to develop a comprehensive knowledge about the illness.

This section has listed fundamentals of integrative cancer treatment, based on anthroposophical mistletoe therapy as carried out by a physician. The next chapter examines commonly asked questions, and the following chapter will provide a list of resources.

Translated from "Mistel und Mehr"

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