Heinz-Hartmut Vogel

Directions for the Treatment of Malignant tumors with ISCUCIN-Viscum Preparations

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Preface

The use of mistletoe to treat cancer stems from Rudolf Steiner's indications given to doctors in 1920. (1) (2). In 1921, research was begun by the doctors W. Kaelein, E. Schickler, G. Suchanke and others in the Clinical-Therapeutic Institute in Arlesheim, Switzerland in co-operation with I. Wegman. Their aim was to determine which pharmaceutical processes were appropriate for preparing a cancer remedy from mistletoe. This work was taken over in 1935 by the Association for Cancer Research, Arlesheim. (Since 1949, it has been carried by the research institute HISCIA founded by A. Lerol.) In addition, since the 1970's, the "Society for the Promotion of Cancer Therapy" in Niefern/Oeschelbronn as well as the "Association for Leukemia and Cancer Therapy", Stuttgart have been active in mistletoe research. The preparations "Iscador", "Viscum Abnoba" and "Helixor" are available as a result of these efforts.

A further initiative came from Dr. K. Koeller, who took up a suggestion given to him personally by R. Steiner in the year 1924 and began work in 1958 on the development of a special mistletoe preparation. In 1962, Koeller published six case histories of patients with clinically manifest malignant tumors who had been successfully treated by him with the newly developed Viscum preparation ISCUCIN. (3)

The name ISCUCIN is the designation for the special medicinal preparation made from Viscum album of various host trees. At the same time it characterizes the method of manufacture employed. The rights of manufacture of the ISCUCIN-Viscum preparations have gone over to the firm WALA-HEILMITTEL GMBH, Eckwaelden, West Germany.
Fundamental Principles

The Mesenchymal Theory of Carcinoma

As early as 1920 Rudolf Steiner described the malignant tumor as a disease of the organism as a whole. (1) Steiner directed attention away from the abnormal single cell to the cell environment or extracellular space, and thereby to the permeable mesenchymal fluid-continuum of the organism. He also pointed to the organizing power of the human being and his warmth organism. Seen from this point of view, the healthy organism consists of a functional-dynamic balance between differentiation and specialization of the parenchymatous-cellular "central" forces on the one hand and primitive, undifferentiated, but nevertheless organizing, mesenchymal, peripheral "universal" forces on the other.

The theme of "peripheral influences on the development of organisms" has received increasing attention in specialized fields of science in the last three decades. This began with H. Spemann's Nobel Prize-winning work ("Experimental contributions to a theory of development," 1936) in which he first recognized the "organizer" in the development of amphibian embryos. In 1953, the surgeon A. Fromme ("Mesenchyme and the mesenchymal theory of carcinoma") (4) pointed to the primary guiding function of the mesenchyme in the development and moulding of the cellular structured organ parenchyma. Fromme refers to the work of I. Fischer (5) and T. HuzeHlla (6) who showed quite independently of one another that in cell cultures embryonic mesenchyme is able to organize cell growth in a manner specific for the organs. The organ forming capacity of the embryonic mesenchyme for the notochord has been demonstrated by G. I. Toendiry (7).

Fromme, in considering the relationship between cell and periphery, developed a concept of unrestrained cell growth in the carcinoma. This was already presented, in principle, by R. Steiner 60 years ago (1). Steiner speaks of the totality of the "formative force body" ("etheric body") as the creator, bearer and preserver of the form of the organism and of the organs. In accordance with its nature, the etheric body works from the periphery as a spiritual-physical organization of forces and is constantly overcoming the cell-forming principle. The intercellular and pericellular mesenchyme is, according to our conception, the organic vehicle of this etheric, peripheral formative force body. According to Fromme (4), the following are the most important points of the mesenchymal theory in so far as this relates to the development of carcinoma:

- The formation of mesenchyme in the first weeks of fetal development represents one of the greatest events in the whole development. Embryonic connective tissue cells, which have a new appearance and special characteristics, come into being from epithelial tracts or intercellular substance. To begin with, these cells form no actual tissues, but are present everywhere in the embryo just as in the adult body later on.

- These embryonic connective tissue cells (mesenchymal cells) retain embryonic characteristics, becoming only partly differentiated and only partly "sedentary". They give rise, among other organs, to the heart, the blood vessels and the blood. Through the very formation of the vessels and in particular of the whole capillary system, all organs arising from the other germinal layers are dependent on the mesenchyme both in their regeneration as well as in their function. Mesenchymal cells are present only within the body (cell system of the internal medium). They come to the surface only through pathological processes.

- The mesenchymal cells are extraordinarily sensitive to all kinds of injurious internal or external influences due to their embryonic characteristics and their potential for growth.

- This cell system represents the juvenile condition of the body, forming the response system to injury, inflammation, physical influences (heat, cold, radiation effects, etc.) and to chemical influences (especially carcinogenic substances).

- The mesenchyme occupies such a dominant position that nothing can take place in the body without its participation, including the development of the carcinoma, e.g. through mutation.

- No carcinoma theory can claim validity which does not take into account this cell system which is essential to life.

- If the life-potential of the mesenchymal cell system is injured through outside influences, e.g. through over-use (so-called "stress") or through poisons (especially carcinogenic substances, such as tar and tobacco), it loses its capacity to work as the organizing principle and to remove mutated cells. Therefore, a carcinoma (disturbance of tissue equilibrium) can only develop after the mesenchymal capacity has been exhausted. The microscopic changes caused by external injury and aging are of the same kind.

In recent years, A. Pischinger has done extensive work with mesenchyme and its significance for functional equilibrium and preservation of form in the "internal milieu" of the organism as well as in various organs. Pischinger has shown that a primitive, undifferentiated mesenchymal-humoral system lies at
the very basis of the higher organism. From it proceed the organizing impulses, the totality of functions which regulate the life processes as a whole:

Through a comprehensive consideration of this matter, a system becomes apparent which, both ontogenetically and phylogenetically, is laid down at an early stage. This system is the vehicle of the undifferentiated and unconscious life functions, primarily determining the physiochemical and bioelectrical conditions and energetic processes and thereby the chief functions which A. Béther has presented in his “General Physiology”, namely regulation of temperature, water, minerals, and energy, including respiration (or fermentation). It is also the vehicle for the functions relating to the organism as a whole. In other words, the mesenchyme is the basis for the general and non-specific regulatory and immune systems….(8)

Pathology of the Malignant Tumor

Pathology today no longer sees the cause for malignant degeneration in the cell itself (epithelial, parenchymal, connective tissue cell), but rather in its emancipation from the ordered structure of the organ stroma, i.e. in its disturbed relationship to the host or the mother organ. The nature of the malignant cell at first corresponds approximately to cells in the phase of initial rapid embryonic development. Thus, a further concept is necessary if we want to speak of malignancy: The germinal tumor behaves like an independent organism, opposing the host-organism in an autonomous and willful manner. Increased cell-growth with accelerated mitosis alone, however, is still not specific for the opposing the host-organism in an autonomous and willful manner. Increased cell-growth alone indicates a precancerous state. Growth occurs mainly in epithelial tissue, seldom in mesodermal tissue. The concept “precancerous state” consequently refers to increased mitosis and enhanced growth and metabolism of the cells. “As such these are cellular changes but not tissue changes” (Letterer).

With regard to the laws applicable to early embryonic development, it appears incorrect to consider the abnormal growth characteristics of a single cell as being responsible for the tumor process. We have far more reason to assume that tumor growth begins simultaneously with a number of cells and forms a blastema, consisting initially of exactly the same type of cells. Such a blastema can grow to a certain size and differentiation, and then remain inactive for long periods of time, even permanently; it may ultimately grow further or possibly regress. These blastemas represent what the most recent tumor research calls the “germinal” or “rudimentary tumor”. The further enlargement of the rudimentary tumor and its development into a tumor with the most variable shapes is, however, subject to forces which do not arise from the blastema alone, but also from its environment, i.e. from the surrounding normal tissue in more or less close proximity or from the material influences of the organism as a whole. . . .

An essential feature of all developing organisms is that the single cells alone do not determine their own growth and differentiation in form and function . . . .

The view that the origins of a tumor are biologically comparable to early embryonic development is supported by morphological investigations. These have found that tumor growth always begins in relatively immature tissues. Carcinomas of glands and skin may be recognized by the fact that they originate in “neutral zones”, that is, in the epithelial layers which supply cells to completely differentiated tissues and whose own state of differentiation is still relatively low . . . .

Tumor tissue is similar to embryonic tissue in that the degree of tissue development towards an organized and unified whole is less than that which occurs in normal tissue, and never reaches its final stage. Tissue maturity, in terms of cell differentiation and organotypical tissue structure, is the visible expression for the working of organizing forces, in the sense of sequential development within the organic realm. The biochemistry of the “organizers” (after Spemann) and the carcinogenic substances show that the biochemical mechanism of these organizing forces can be understood in a material sense. The emancipation of tissue and cells from these organizing forces, which occurs artificially in tissue cultures, results in reduced differentiation and increased growth, that is, tissue immaturity . . . .(11a)

The destruction of normal parenchymal cells and infiltrative growth and invasion of the surrounding “tissue milieu” does not inevitably mean malignancy. These processes have a transient function at certain stages of development in the healthy organism, for example, in the development of the embryo where a physiological event of this kind is the infiltrative proliferation of the trophoblastic villae into the maternal tissue of the uterine membrane in the process of placentation. In fact, rapid embryonic growth can be compared with malignant cell growth. The principal difference lies in the fact that in placentation the trophoblast exists in an orthic equilibrium with the maternal decidua and the whole maternal organism.

We have thus come to the limits of the pathological, anatomical processes which
may be followed morphologically in tumor formation and will now take up the broad field of immunology and allergy. (11).

Carcinoma and Immunity

Biology today faces several significant questions: which intercellular humoral-regulative process guarantees the correlation and equilibrium of the highly differentiated cell and tissue structures of the various organs and organ systems, and further, which forces in the totality of the organism hold in balance the very different rates of growth and regeneration of the different organs?

The central problem of all organic growth is: how does the organizing, orthogenetic power of the histio-humoral “internal milieu” function? In particular, what is the role played by mesenchymal connective tissue in this process?

The “defense” against malignant tumor growth is obviously connected with mesenchymal activity and the degree of differentiation of the respective organ stroma. Thus, invasion of the spleen, the heart or the limb musculature is extremely rare. In contrast, the lymph-rich liver, the lungs, and the area of distribution of the venous blood with its predominantly endothermic metabolism, are relatively disposed to metastasis. The variable warmth intensity in the fluid systems (endothermic or exothermic metabolic processes) plays an essential part in the possible development of metastases and is thus an important indication for therapy.

The metastasis of malignant tumors occurs initially via the oxygen-poor lymph system, which has a relatively low degree of warmth. The tumor then spreads via the venous system, especially the portal vein system. Invasion of the spleen can also take place from the digestive tract via the regional lymph nodes and the thoracic duct. The arterial blood system with its physiological, radiating “warmth of combustion”, having its culmination in the renal system, is far less disposed to act as mediator and vehicle of metastasis. (13) The various organs have extraordinarily different warmth levels, metabolic rates and developmental histories. In the liver, lymph and venous regions we find predominantly endothermic, hyperergic metabolic processes whilst the renal and arterial areas have a markedly exothermic, hyperergic metabolism. This leads us to the physiological phenomenon of positive and negative anergy, of hypoergy and hyperergy of the organs. This phenomenon is repeated within the organs themselves, with respect to their differentiated tissue activities. What is the governing, correlating, and guiding principle in positive anergy or, if the higher organization is lacking, negative anergy, that is, in the allergic reaction? This question has led recent research to the immune phenomenon. As early as 1965 K. Holler voiced the suspicion that highly malignant tumors appeared after prolonged immunosuppressive therapy with corticosteroids. (12) The “iatrogenic” anergic immune tolerance brought about by adrenal cortical hormones and irradiation is the result of a paralysis of the highly sensitive embryonic mesenchyme. The embryonic mesenchyme is the site for “recognition” of and resistance to substances foreign to the organism and to individual organs, that is, to primary protein foreign to the organism and to secondary protein that has become alienated from its own organism. In sepsis, the immune system breaks down into a state of negative anergy. Malignant degeneration of body cells is an expression of failing resistance, first in relation to the organs, then, in advanced metastasis, with respect to the whole connective tissue system.

Unintentional tumor transplantation has occurred in the human being through organ-transplants. The development of the tumor, despite histocompatibility barriers, can be attributed to the immune suppression required in the organ-transplant. Clinical experience has attained a far more significant insight into the relationship between the immune system and neoplasia, namely, that morbidity from malignant tumors, especially those of the reticuloendothelial system, is strongly increased in people undergoing long-term treatment with immuno-suppressives . . . (9)

Botany and Pharmacology of Mistletoe

Viscum album preparations have been used increasingly in tumor therapy and tumor research since the 1920’s. They have yielded, above all, two significant biological/physiological results that confirm Rudolf Steiner’s indication to make a cancer remedy from mistletoe. Mistletoe preparations:

- activate the mesenchyme
- activate the warmth organism.

The mistletoe, as a parasitic plant, distinguishes itself from the general form of the higher plants. The evergreen mistletoe, which forms chlorophyll in the shade, possesses no true roots. By means of a “sinker” it draws mineral salts and water from its host (apple, fir, linden, oak, and poplar trees amongst others). The seeds from the white berries which ripen in winter become capable of germinating in nature by their passage through bird intestines (thrush). Although the mistletoe develops leaf, flower and fruit like higher plants, the dichotomy of its leaf arrangement points to an early “embryonic” stage of plant formation (cotyledon stage).

This parasitic behaviour, corresponding to an earlier stage of development, is a signature which cannot be overlooked. Compared to the higher plants, mistletoe
The effect of Viscum extract on the reticuloendothelial system as well as the strong local and general reaction of the tissue is pharmacologically significant. Injections of a mistletoe extract – according to need in 1% to 3% concentration, or in decimal potencies – produces a vigorous leukocytosis in the first hour after injection, in particular a lymphocytosis and shift to the left. Inflammatory hyperemia frequently arises in the vicinity of the injection site; a rise in the rectal temperature of 0.5 to 0.9 degrees F. occurs and, not infrequently, also a paradoxical temperature depression at the beginning of an injection series. Patients with malignant tumors, especially with metastases, also respond to higher potencies (D8 to D15), sometimes with fevers of 100.4 to 104 degrees F.

Viscum is thus a suitable medicine for the treatment of classical involutional diseases, which have an opposite nature to inflammation: sclerosis of aging, wear and tear diseases, organ deformations, metabolic deficiency with inadequate elimination, benign hyperplasia and malignant tumors. All “cold” organ processes having no tendency to febrile inflammatory reaction of the surrounding tissue or of the whole organism, weakened resistance, leukopenia and negative energy, are led into an acute stage by the action of Viscum. Malignant tumors, appearing like “parasitic” proliferations cut off from the rest of the organism, are integrated once again into the whole organization (the “I” organization) by stimulation of the mesenchymal, organic, form-giving forces, previously in a state of lethargy, and the warmth organization. (13)

The specific pharmacological action of mistletoe preparations on loose mesenchymal connective tissue points to the biological, evolutionary kinship of Viscum album to organic tissue. Both belong to an original, primitive morphological stage. The characteristic pharmacological action of mistletoe on mesenchymal tissue strengthens its ability to gain access once again to the universal organizing force of the “fundamental system” (Pischinger) which is active in the healthy organism throughout life:

Practically speaking, this cellular reticulum is not a firmly defined structure, as it appears to be from the analytical descriptions of classical histology. Its characteristic feature is the flowing transition from primitive cell networks to fibrocytic tissue with collagen fibres and vessels. This implies – and this is essentially true for pathology in general – that a return of the form to primitive stages is also possible, that is, that the reticular fibrocytic connective tissue possesses the inherent faculty of allowing less differentiated reticular cells and syncytiae, existing relatively independently within the organization, to come into being again or to arise anew. (10b)

Viscum album brings about a hyperergic acceleration of the cell-forming phase of the mesenchyme (mobilization of lymphocytes, monocytes and histiocytes) and stimulates intermediary, interstitial metabolic activity, both locally at the site of the injection and in the corresponding deeper layers. This can increase to the formation of intercellular edema. Endogenous warmth is set free and the engagement of the “I organization” is intensified. In the reduced differentiation of the tumor cells a paradoxical process takes place. Emancipation and autonomy of the cellular phase from the synplasmatic-reticular unity of the mesenchyme is, as such, a progressive biological process. This process is induced by Viscum therapy. The regression of the tumor cell to an early embryonic formative stage is however a reversed, retrogressive process. Mistletoe therapy activates lymph cell proliferation everywhere in the organism, especially in the original lymph organs, the thymus gland and spleen. Simultaneously, humoral intercellular tissue activity is stimulated, i.e. tissue respiration and tissue fluid exchange between blood capillaries and interstitium. The pathological picture of inflammation arises. But the therapeutic significance of mistletoe is not restricted to accelerated metabolism and lymphocyte proliferation. Beyond this, the cell-subduing power of the organism afflicted with cancer is strengthened, without affecting healthy, normal tissue.

In any event, the involvement of regulatory disturbances in cancer can not be ignored. The very behaviour of connective tissue in the tumor and its environment leaves no doubt of this. The cancer cell, whose energy dynamics have changed, takes over the function of the normal parenchymal cell...

From the afore-said, several important principles may be derived for nonsurgical carcinoma treatment, regardless of the necessity for early diagnosis and early operation.......

Beyond the points already mentioned, the most important principle in the supplementary treatment of cancer must be to strengthen the defense forces of the fundamental system as far as possible in the direction of restoring tissue respiration... (8)

The totality of the organism – the vehicle of resistance to cellular proliferation – is represented by the unified mesenchymal connective tissue and the mesenchymal intercellular substance.

Furthermore, mistletoe is not only appropriate for the treatment of malignant tumors. It can be used with success both in the treatment of heart and blood vessels, as well as in special connective tissue diseases such as rheumatoid arthritis. Its powerful action on the intermediate (interstitial) fluid exchange of...
the loose connective tissue and its activation of the reticuloendothelial system and lymph flow, make it a valuable remedy in all connective tissue diseases which are accompanied by connective tissue edema and congestion in the lymph system.

Organ sense and the fundamental system

The reciprocal perception of the organs – Silica and metals

The immature, highly sensitive, embryonic endothelial reticulum is itself undifferentiated. As such, however, it maintains the intrinsic order, balance, total form and mutual equilibrium of the organs. In this sense we call the embryonic endothelial reticulum the “fundamental system” underlying other physiological processes. The activity of the colloidal intercellular substance and basal membranes at surfaces and boundaries functions as an inner sense process possessing reciprocal perception. The substances involved are mainly mucopoly-saccharides, hyaluronic acid, and chondroitin-sulfuric acid in combination with traces of active silicic acid. These surface activities also have a higher organizing function for the fluid processes occurring in interstitial connective tissue. Mistletoe therapy can thus be supported by activation of the humoral-cellular “perception and memory” of the interstitial immune system which is weakened in the cancer process. This can be done by concurrent treatment with silica and metals. (14)

Silicic acid (silica or quartz), given in potentized form, assists the connective tissue organism which has become cold and unyielding, especially when the intercellular mesenchymal substance becomes fixed, and activates autonomous warmth formation from the intermediary metabolism.

Insufficient production of warmth and the need for warmth observed in cancer patients are symptoms corresponding to the Silicea remedy picture. It is also known that silicic acid is frequently deposited in the connective tissue of malignant tumors. At the same time, normal excretion of silicic acid in the urine is reduced and the silicon content of the blood increases. *

Loss of warmth and insufficient excretion of silicon are essential indications for administering potentized quartz (D 12) to cancer patients. Increased radiation of warmth from tumors can be detected by thermography. (15) This warmth is not retained by the organism.

Activation of the warmth organism

The metals lead, tin, iron, gold, copper, mercury and silver in potentized form work on rhythmic organ processes – on blood circulation and breathing and on their relationship to one another. The activated warmth organism thereby comes into movement. Compound preparations of these metals with potentized organs can also be considered for therapy (homologous organs with respect to the illness – see page 34).

Treatment with Viscum should induce a warmth reaction in the organism. A “sulfuric” process forms the basis of the warmth organism, in the sense of the Paracelsian principles “sal”, “sulfur” and “mercury”. In this sulfuric process the formation of substance and energy are identical. It normally takes place in the metabolism, especially in the liver, as a vagotonic, vegetative “night-time” process.

Formation of substance in the liver reaches a peak towards midnight (glycogen formation). Normal, physiological fatigue and falling asleep in the evening are connected with the increased endothermic, regenerative activity of the liver. The physiological sleep curve rises steeply around 6 PM, reaches a first peak at midnight, falls rapidly until 3 AM (beginning of the daytime phase) and finally rises slightly until 7 AM.

A day and night rhythm lies at the basis of the warmth organism. Between 6 PM and 3 AM the endothermic metabolism predominates. A second phase occurs between 7 AM and 3 PM, with the predominance of exothermic metabolism and increased warmth production, connected with renal activity. Consciousness is awakened along with increased kidney function and the catabolic processes of the nerve-sense system. Towards evening the process is reversed: the warmth organism is concentrated in the splanchnic region, especially in the liver. The vagotonic night phase begins with the onset of fatigue and increased anabolic processes.

* see: VORONIYOV, ZELCHAN and LUKWITZ (under supplementary literature)
H. H. VOGEL (11)
H. H. VOGEL, Zur Mesenchym-Theorie des Karzinoms (under supplementary literature)
Pathological nerve-sense processes in the metabolic system

Exothermic, catabolic nerve-sense processes work in alternation with endothermic, anabolic processes of metabolism. — What distinguishes a sense-organ from a metabolic organ such as the liver? In a sense organ the soul and Ego-organizations transform living substance into life energy, i.e. into free “etheric forces” which support consciousness. A subtle decay of substance takes place simultaneously in the nervous system. **— Rudolf Steiner pointed out that tumor formation is connected with a “sense-organ formation in the wrong place” (namely in the metabolic system). In the metabolic system the consciousness-carrying forces should not separate from substance (as is normal in a sense organ), but should dive down into the substance-building processes and unite with them. This corresponds to the above-mentioned sulfur process. We could also speak of the normal process in the nerve-sense system as a sal process, and of carcinoma as a “sal process in the wrong place”. (1)

Mistletoe therapy should stimulate the endothermic, sulfuric metabolic process. One symptom indicating the effectiveness of mistletoe is the production of warmth (temperature rise following injection of Viscum).

If we give the Viscum injection in the late afternoon (5–7 PM), we strengthen the endothermic metabolic process which normally increases at that time. The patient becomes pleasantly tired and frequently falls asleep after the injection. It is known that cancer patients often suffer from sleep disturbances and wake up several times during the night. This points to the correctness of the concept of a nerve-sense process in the wrong place in cancer patients. The consciousness should dive down into the metabolism during sleep, but instead a nerve-sense “daytime” process occurs in the metabolic system and prevents sleep.

Details of the Manufacturing Process

An essential factor in the preparation of Viscum album into a cancer remedy is the manner of mixing the mistletoe extracts which are obtained from the winter and summer harvests. The entire plant is used, sinker, stem, leaf, ripe fruit (winter) or unripe fruit (summer). For the mixing procedure, KOELLER constructed a special container with a silver-coated inner surface. From its deepest point the winter extract is propelled up the edge of the container by a small turbine wheel. When a certain height has been reached, the extract spirals back into the hollow shaft of the turbine wheel. Above this container is a second container with a gold-plated inner surface. From here, the summer extract falls drop by drop into the vortex of the winter extract. The turbine wheel is driven by an air pressure motor to avoid the field effects of an electric motor. In addition, contact between the mistletoe and iron is absolutely avoided during the preparation procedure.

The mistletoe preparations are then potentized to various levels. Potentizing is done only by hand and – differing from the decimal and centesimal systems generally found in homoeopathy – in the proportion of 1:20. The first potency level (corresponding to 5% dilution) is designated “Strength H” (concentration 20'). From this the next potency level, Strength G (concentration 20^2), is prepared. The following potencies are the Strengths F (20^3), E (20^4), D (20^5), C (20^6), B (20^9), and, as the highest potency level, the Strength A (20^10). (Strength A is fundamentally the beginning potency for every therapy.)

The required sterilization of ISCUCIN potencies intended as injections is attained by membrane filtration without the use of heat.

RUDOLF STEINER’s suggestion of mixing the winter and summer extracts in the manner described above is related to the nature of the mistletoe plant, which builds flowers and fruit in the reverse order of the normal seasonal orientation of higher plants. The mixing of the summer and winter extracts unites the polar growth phases of the mistletoe plant. The second important aspect of the pharmaceutical preparation of mistletoe for therapeutic use is the manner of mixing. The winter extract is “sensitized” through the spiral movement for the acceptance of the summer extract. The falling drops of the summer extract are brought into contact with the largest possible surface area by the whirlpool motion of the winter extract. Surface areas or border surfaces are the life and structure active zones of all living systems.*

* Cf: THEODOR SCHWANE: Sensitive Chaos

Differentiation of Cancer Therapy with Viscum according to the Mistletoe Host Tree

All ISCUCIN-Viscum preparations are used for the treatment of precancerous conditions as well as for post-operative tumor treatment. They are also used in treating inoperable tumors and manifest tumors before operation. Depending on the various mistletoe host trees, the following possibilities for a differentiated therapy are available:

Viscum Abietis (mistletoe from the fir-tree, Abies alba; possible alternative to Quercus)
Used predominantly in male patients – especially for esophageal, stomach, colon, rectal cancer.

Viscum Crataegi (mistletoe from the hawthorn tree)
Used generally for non-organ-specific tumor treatment and especially in connection with weakened warmth reaction, coronary sclerosis and myocardial degeneration; for prophylaxis and follow-up treatment of myocardial infarction.

Viscum Pini (mistletoe from the pine, Pinus silvestris)
Used predominantly in male patients – particularly in skin tumors. Also in breast carcinoma in post-menopausal women. In inoperable brain tumors (see Special Directions – page 20).

Viscum Mali (mistletoe from the apple tree)
Used predominantly in female patients – in all localizations of carcinoma, sarcoma, in lymphogranulomatoses, leukosis. Particularly in breast and uterine carcinoma; possibly also in prostate carcinoma.

Viscum Populi (mistletoe from the poplar tree)
In addition to general tumor treatment, used especially for prostate carcinoma.

Viscum Quercus (mistletoe from the oak)
Used predominantly in male patients – in all localizations of carcinoma, sarcoma, in lymphogranulomatoses, leukosis.

Viscum Salicis (mistletoe from the willow tree)
Used in general precancerous conditions, kidney tumors, primary chronic polyarthritis and arthritis deformans.

Viscum Tiliae (mistletoe from the lime or linden tree)
Used in kidney and lung tumors.
General Directions for ISCUCIN-Viscum Treatment

Viscum therapy aims to produce a rise in body temperature of at least 0.5 to 0.9 degrees F. with the smallest possible dose of the respective ISCUCIN-Viscum preparation (see above).

Before beginning the actual treatment, the proper strength ISCUCIN-preparation is ascertained by injecting first weaker and then progressively stronger preparations and observing the temperature reaction. (See special directions below.) This can be accomplished through the use of ISCUCIN Potency Series (see page 15).

ISCUCIN-Viscum treatment is then carried out through the serial injection of the above-determined strength.

In treating malignant tumors with ISCUCIN-Viscum preparations, close attention must be given to the following directions:

ISCUCIN Injection Series

An ISCUCIN treatment encompasses a series of 20 injections, the minimum quantity however being 14 injections. One series consists of two half series each comprising 10 (7) injections. Between the first and second half series there is usually an interval of 2 weeks.

Time of the injection

When possible, the injections should be administered in the late afternoon between 5 and 7 p.m., at the time of the physiological rise in body temperature.

Localization of the injection

The injections should be given if possible subcutaneously in the vicinity of the tumor or in the submucosal tissue - under no circumstances in the tumor itself! In precancerous conditions injection is made subcutaneously in the upper arm, upper thigh or back.

Dosage and frequency of injections

Dosage and frequency of injections are variable for:
- precancerous conditions*
- post-operative tumor prophylaxis
- manifest tumors up to the decision to operate and inoperable tumors. (See special directions for ISCUCIN-Viscum treatment, below).

Measurement of temperature

The rectal (or oral) temperature should be measured 2 and 4 hours after the ISCUCIN injection and recorded in a temperature chart. In addition, the temperature should be continuously measured - even on injection free days - in the morning if possible at the same time (between 6 and 8 a.m.) and evenings (between 5 and 7 p.m.) and noted in the temperature chart.

Temperature rise

Two to four hours after injection, the rectal or oral temperature should be 0.5 to 0.9 degrees F. higher than the body temperature measured at the same time on injection free days. A rise of temperature up to 100.4 degrees F. is still considered a favorable reaction - as long as no shivering or ill feeling appears and the temperature reverts to normal on the following day.

Local reaction at the injection site

Circumscribed reddening, one to three centimetres in diameter at the site of the injection (without general reaction) is insignificant. This is due to a slight allergic hypersensitivity to Viscum. Intense local reaction, reddening and swelling from 3 cm in diameter up to hand-size are signs of an over-reaction. The injections should be stopped until the inflammation has subsided completely.

Hypersensitivity reaction and desensitization

In case of hypersensitivity reaction to ISCUCIN, desensitization with an ISCUCIN-Viscum preparation strength A (0.5 ml intracutaneous injection) is carried out after disappearance of the local and general symptoms. Usually 2-3 injections, given at intervals of one week, are adequate.

Complications

Elevated temperature which does not subside or further rise to 101.3 to 102.2 degrees F., with shivering, headache and general ill feeling can be signs of more serious complications, such as:
- accelerated tumor breakdown (intoxication), hitherto undetected metastasis;
- activation of an inflammation site (head localization, tooth granuloma, sinusitis, chronic tonsillitis, cholecystitis, parametritis, appendicitis, phlebitis).

The ISCUCIN-injections must be suspended in each of the above mentioned complications until the temperature has returned once again to normal and the cause of fever has been ascertained (see also page 23: Continual fever reaction).

Contraindications

An ISCUCIN treatment is contra-indicated and should be suspended in pregnancy, in dysmenorrhea, epilepsy, migraine, after accidents (brain concussion) as well as influenza and other acute febrile conditions. A continuation of ISCUCIN therapy is only justifiable after very careful consideration of risks in tumors which are already inoperable. The dosage and frequency of injections should then be reduced according to condition and general state of health.

* The concept "precancerous" includes the following: benign mammary gland dysplasia (e.g., fibroadenoma), metaplasia of the stomach mucosa, dysplasia of the portion mucosa, polyps of the uterus, colon, or bladder, chronic stomach ulcer, hyperkeratoses, verrucae (basal cell papilloma), basalomas, condylomas.
Special Directions for ISCUCIN-Viscum Treatment

Ascertaining the Therapeutically Effective Dose

Initiation of treatment with Strength A

In all spheres of application (precancerous conditions, post-operative tumor prophylaxis, inoperable tumors and metastases), treatment should be initiated with an injection of ISCUCIN Strength A. Dosage and dosage interval depend on the stage of illness.

Precancerous conditions:

Transition to the next lower strength

One ml is injected every 5 days, beginning with Strength A, then Strength B, then Strength C, etc. until an increase in body temperature of at least 0.5 to 0.9 degrees F. is attained. Temperature should revert to normal in 1–2 days.

Post-operative tumor prophylaxis, inoperable tumors, suspected metastasis:

Time interval between 2 injections: 2–4 days.

Slow increase of dosage

Begin with ISCUCIN Strength A (0.4–0.5 ml). Despite the high dilution of ISCUCIN strength A (= 20⁻¹⁰), a temperature elevation should be expected, especially in cases of metastasis. The temperature elevation should under no circumstances enter into a protracted state of fever and must therefore have subsided by the next injection. For this reason a gradual increase of dosage is required. If no temperature elevation occurs, treatment is continued with ISCUCIN Strength A (1 ml) at the next appointed time. If once again no reaction occurs, give 2 ml Strength A at the next injection. If this dosage calls forth no reaction on two subsequent injections, go over to the next lower potency (Strength B). Proceed as before for Strength A. This therapeutic program should be maintained until one has arrived at a strength which induces a temperature rise of 0.5 to 0.9 degrees F. lasting no more than 1–2 days. (The ISCUCIN potency series are well suited for finding the therapeutically indicated strength.) Should there be no temperature elevation even with the strongest Viscum concentration (Strength H), proceed according to instructions for Paradoxical temperature depression: page 24.

Intracranial tumors

See below.

Frequency and duration of ISCUCIN treatment

Precancerous conditions:
The injections follow in intervals of 5 days (maximum 7 days). After a series of 10 injections, pause two weeks and then give the second series of 10 injections. Series of 2 times 10 injections can be carried out with interruptions of 4–6 weeks for one year or longer.

Post-operative tumor prophylaxis, inoperable tumors or suspected metastasis:

One injection 2–3 times weekly of the appropriate strength ISCUCIN (1–2 ml as needed). After 10 injections (half series), pause five days. Then give the second half series. Repeat the series after a pause of 1–2 weeks. Treatment is carried out under certain circumstances in this rhythm for a year or longer.

In maintenance treatment with ISCUCIN as well as in the repetition of series (1 series of 2 times 10 injections) after several weeks pause, it is recommended in each series to begin anew with Strength A. Here the same dosage principles as given above are valid (one can, however, forgo the slow increase in dosage).

See page 23.

Treatment

The actual treatment begins with the strength ascertained from the above temperature elevation procedure. Excessive temperature reaction and complications must be observed carefully (see indications on pages 19, 20 and 23). Under no circumstances should the temperature elevation persist! As long as the desired temperature elevation is brought about, the corresponding strength is still used. According to indications and stage of illness, the following treatment plan is recommended:

Frequency and duration of ISCUCIN treatment

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Post-operative tumor prophylaxis, inoperable tumors or suspected metastasis:

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See page 23.
Treatment of inoperable intracranial tumors should be initially carried out only orally (sub-lingually!), because of the danger of cerebral edema. *Viscum Pinii* e planta tota should be administered as follows (measure drops using a syringe without needle):

- **Day 1**: 5 drops Strength A once a day
- **Day 2**: 10 drops Strength A once a day
- **Day 3**: 5 drops Strength A twice a day
- **Day 4**: 5 drops Strength A three times a day
- **Day 5**: 10 drops Strength A three times a day
- **Day 6**: 15 drops Strength A three times a day
- **Day 7**: 15 drops Strength A three times a day

In certain circumstances the 7th day dose can be extended by administering daily over a further one to two week period. According to the general feeling of well-being and temperature reaction, one can go over to the next lower strength (B, C, and so on). The procedure of increasing the dosage from the first to the sixth and seventh day is repeated with every subsequent lower strength.

Desensitization and supplementation of oral application through subcutaneous injection: The first attempt to treat with *Viscum Pinii* e planta tota Strength A (0.5 ml) subcutaneously can begin after 2-3 weeks of oral treatment. Injections are given in the upper arm, shoulder or nape of the neck.

The effect of the subcutaneous injection must be observed during the following 5 days. When well tolerated (no symptoms of increased intracranial pressure such as nausea, vomiting, neck stiffness, headache, manifestations of endocrine insufficiency), the second subcutaneous injection with Strength A can follow. The daily oral dose should be continued without interruption. If 1 ml of Strength A subcutaneously is also well tolerated, then in the transition of the oral treatment to Strength B, Strength C can also be injected subcutaneously. Begin again with 0.5 ml and proceed as indicated above. The same procedure applies to possible further transitions to lower strengths (C, D and so on).

The frequency of supplementary subcutaneous injections in intracranial tumors is determined by tolerance. In general, injections are given not more frequently than twice a week.

### Supplementary Therapy

Treatment of malignant tumors can be intensified by regular or intermittent supplementary therapy with potentized organ preparations. In addition to the organ-metal combinations (WALA, see page 34), organ potency series (Tumor potency series arranged according to D2, D3, D4) are available (see indications page 32). The organ preparations homologous to the diseased organ should be considered. The "organ sense" is especially strengthened by preparations from the organs of the lymphatic system [thymus, spleen (Lien), lymphatic nodes (Nodi lymphatici) and embryonic skin (Cutis feti)], as well as from embryonic mesenchymal organs [mesenchyme, umbilical cord (Funiculus umbilicalis), amnion, placenta, reticulo-endothelial system]. (16) (See also page 12ff.)

The fact that the spleen destroys malignant cells and is not susceptible to metastasis indicates that this highly sulfuric organ does not tolerate pathological "sense organ formation" within its sphere of activity. Potentized suprarenal gland preparations can be considered for the support of malignancy treatment, in particular those combined with copper (Cuprum) or mercury (Mercurius). (Glandulæ suprarenales... see page 33, 34.)

### Support of liver function

Supportive liver therapy plays a leading role in the basic treatment of malignancies (see also page 12, Silica and Metals). The preparation Hepar/Stannum D4/D10 is especially indicated here (see list of WALA Organ-Metal combinations). The preparations Anagallis comp. (WALA) and Lycopodium comp. (WALA) can also be considered.

Potentized organ preparations can either be injected at the same time as ISCUCIN or separately on another day. Begin with the 4th decimal potency, gradually descending to D2 (TU-Series). Supplementary administration of potentized organ preparations can strengthen the effect of ISCUCIN in cases of insufficient temperature reaction. If an intense fever reaction occurs the organ preparation in lower potency should be stopped. If necessary, it can be given in higher potency (D12-D30) until the fever disappears.

A temperature increase higher than 100.4 degrees F. lasting for many days can be effectively countered with high potencies of the homologous organ preparation. Begin with D30, reducing in the following days to D15. Until the cause of the fever has been ascertained (see under complications), the following additional remedies can be considered according to circumstances:

- Lachesis veneno D30,
- Argentum/Quartz D20/D30 (WALA),
- Phosphorus D30.
Paradoxical temperature depression below normal after ISCUCIN injection

Even with ISCUCIN Strength G or Strength H, it is possible that, instead of a temperature elevation, a temperature depression may occur. It is then recommended to inject ISCUCIN together with 2 ml Echinacea D3 or 1–2 ml Acidum lactii D3 respectively with the homologous organ preparation (D6–D3).

Treatment of pain

A tumor can give rise to states of pain which are very difficult to alleviate (neuralgia), especially when it metastasizes. Alongside the ISCUCIN treatment, which in itself can ease pain, the following preparations have proved effective:
- Solum uliginosum comp. (WALA),
- Rhus toxicodendron comp. (WALA),
- Aconitum comp. (WALA).

The following single remedies can be considered according to the character of the pain:
- Apis ex animale D30 (in burning pain with the desire for cool surroundings),
- Chamomilla e rad D30 (in states of great restlessness, symptoms worsening in warmth and at night),
- Arsenicum album D30 (in burning pain, symptoms worsening at night, great restlessness, anxiety, dryness, thirst, need for warmth),
- Magnesium phosphoricum cum cinere Avenae D8 (in neuralgic pain, muscle cramps, need for warmth).

Mesenchyme activation

Mesenchyme activation is the goal of every tumor therapy. In cases of extreme internal chilling, depletion of body warmth and extreme weakness, Quartz (D30–D8) can be injected once a week in addition to ISCUCIN to significantly support the tumor therapy (compare Silicea remedy picture). In addition to Quartz, one should also consider Arsenicum album (see: Treatment of pain, above).

Supplementary therapy in bone metastases

Here Epiphysis Plumbum (WALA) and Lien Plumbum (WALA) are indicated. (Supplementary therapy with lead is determined essentially by the homoeopathic remedy picture.) Viscum Mali, Senker D30 is administered especially in bone and skin metastases, in addition to ISCUCIN treatment.

Supplementary treatment in skin tumors

Viscum Mali, Senker D6 (D4) can be indicated in addition to the ISCUCIN Viscum preparation.

General Supportive Measures

Supplementary mental and dietetic treatment are of great importance. Inner warmth and dietetic hygiene form part of a treatment which takes into consideration the whole human being.

Soul hygiene

Treatment of cancer patients cannot be limited to pharmaceutical therapy. The whole human being needs to be stimulated: his spiritual interests, his practical sense, and his life of feeling. The development of inner soul warmth is essential.

Physical therapy

At the same time we must ensure that the patient develops enough physical warmth and is protected from cold. Physical therapy begins with the external application of warmth. This can be done in the form of increasing temperature foot and arm baths, full baths according to the Junge oil dispersion bath method with consideration of temperature and length, and baths at temperatures above body temperature (when the general condition and heart-circulatory relationships permit). (Further information can be found in the WALA publication “Preparations for Skin Therapy”.) Hot hayflower, yarrow or wormwood compresses can be applied to the liver. Sun bathing should be avoided!

Nutrition

Recommended: nutritious vegetarian food, lactic acid fermented vegetables and vegetable juices—especially beet, carrot and celery juices. Cottage cheese, buttermilk, yoghurt, whole grain bread, whole wheat or barley flour, millet (if possible, biodynamic quality, or at least organically grown).

Prohibited: alcohol, nicotine, meat, white flour products, refined sugar (including raw sugar), chocolate, mushrooms, potatoes and other members of the nightshade family such as tomatoes, paprika, eggplant.

Limited: eggs, legumes, flatulence-inducing cabbage varieties.

If the nutritive condition is good, intervals of fresh fruits and vegetables can be introduced, lasting 3–7 days. One day should be a juice day, with about ½ qt. of liquid divided through the day (e.g. 1 cup herb tea, 1 cup vegetable broth, 3 cups lactic-fermented vegetable juice, 1 cup fruit juice).
Diet Example for 1 Day

Morning:
Oil and cottage cheese dish: 2–3 Tbsp. cottage cheese with 1 Tbsp. cold-pressed olive, thistle, sunflower or linseed oil, mixed with wheat flakes, oat flakes and fresh fruit. Crackers, whole grain bread, herb tea (kidney or liver/gall tea, unsweetened).

Second Breakfast:
Vegetable juice (red beet juice or carrot juice, if possible, lacto-fermented), crackers with butter or cheese, cottage cheese with herbs.

Midday:
Large salad plate with lemon juice and sour cream, whole grain rice with curry, millet as a supplement, chicoree, zucchini, cheese, cottage cheese, fruit.

Afternoon:
Herb tea (may be sweetened with honey), crackers or whole grain wheat or linseed bread, butter, almond butter.

Evening:
Raw food, salad (as for midday), cottage cheese with herbs, fruit compote, buttermilk.

Appendix

Extracts from Indications of Rudolf Steiner Concerning the Problem of Cancer.

In lectures to doctors and medical students (Dornach, March/April, 1920) (1), Rudolf Steiner stated the following (direct quotations in italics):

The human being continually stands in the force field of telluric or terrestrial influences on the one hand, and extra-telluric, cosmic influences on the other. We can only study these forces when we see the result of their mutual activity in the entire human being; in the entire human being, never just in some part, least of all in the cell. I ask you to take note of this: least of all in the cell. What is the cell? The cell actually wants to go ahead willfully with its own growth, wants to develop its own life at the expense of the human being. And when you see the human being on the one side, how his entire form is created out of the working together of telluric and extra-telluric forces, and then observe the cell, you will see how the cell straightaway destroys these external forces, in that it wants to unfold its own life. Our organism is actually constantly fighting against the life of the cell. And the crassest absurdity is the conception of cellular pathology and cellular physiology that places the cell at the basis of the organism and considers the human being as built up from cells. The human being is a totality connected with the cosmos, and actually fights continually against the willfulness of the cells. Fundamentally, the cell constantly disturbs our organism, as opposed to building it up.

[5th lecture]

The maintenance of the human organism in its form, as well as of its life functions, is provided by the activity of the formative force or ether body. As a comprehensive organism, the ether body must constantly overcome the growth and differentiation tendency of the individual cells, and subordinate their activity to the whole.

The activity of the ether body in the human organism can be experienced by exact observation of life phenomena. In addition to this there are also

... many processes which are simply opposed to the activity of the ether body, showing that the ether body is in a certain way inactive, or at least not properly active (e.g. in organ deformations, dysplasias [author]). In order to arrive at valid conceptions in this area, it will be necessary to look at everything connected with inflammation, at what develops out of inflammation, and at all those destructive processes developing out of tumor formation. There is a very justifiable endeavor which, coming again and again from a justifiable ideal, demands that the surgeon set aside his knife in tumor diseases. The question is how to find an alternative...
In respect to an inflammatory process which leads to abscess formation, we can notice that the entire human ether body is active as such, and we can always rely that after the ether body has worked in a certain direction, it will return to its normal distribution, so that the entire human etheric body works in a healthy sense. It is actually only a matter of leading the etheric body’s activity in a particular direction, since the healthy ether body has to extend itself in all directions throughout the organism. When the ether body has been active in a particular direction, e.g. in a certain organ system, one can... if it is still a healthy whole, it is able to unfold its universal activity.

The case is otherwise in tumor formation. Here we have a situation where certain elements in the physical body simply rebel against the activity of the ether body, and then the ether body is no longer effective for these parts.

Now the ether body has a very great capacity for regeneration and one can always observe how when the hindrance to its activity is removed, one can really get at the problem. In tumor formation, it is to a certain extent a question of creating a path for the ether body through nature forces. Then the ether body can reach the opposing physical activities and again work into the place where it was previously excluded.

This immediately has great significance for the treatment of tumors. If properly observed, cancer always represents a revolution of certain physical forces against the forces of the ether body, and in spite of the manifold forms of its appearance. In deep tumors we can characteristically find horny tissue formations, and these are also present in superficial tumors, though expressed only as a background tendency. In this process we can see how physical activity encroaches on a place where the etheric should be active. If one studies this correctly, one finally comes to the conception that inflammation and abscess formation represent the completely opposite pole to the process of tumor formation...

Problems are often caused in this area when certain things are called by their wrong names. It is not completely correct to designate tumors as “new tissue formations.” This is only correct in the trivial sense that they were not previously present. But they are not a new outgrowth of the organism enclosed by the skin. On the contrary, because the physical body takes up such a strong opposition to the ether body, the outer body also relates itself to a certain extent to the external world, to the hostile forces of nature which stand outside man. Then all possible outside influences gain strong access to the tumor formation.

Now it is also a question of studying the counter-picture to all these things. For this I refer you to a study of a process in extra-human nature, to mistletoe (Viscum) formation. It is first necessary to keep in mind that the Viscum grows on other plants. But this is not really what is essential. For botany, certainly, the essential thing is the parasitic nature of mistletoe. But for the study of the relationship of extra-human nature to the human being, it is fundamentally much more important that the mistletoe, through its growth on other plants, on trees, is forced to unfold its vegetation in a different annual rhythm. It finishes blossoming, for example, before the trees on which it grows have begun to form leaves in the spring. It is a kind of winter plant, that to a certain extent does not suspend its activities in the winter... during the summer it is protected from the overly intense effects of sunlight by the foliage of the trees... The whole manner in which the mistletoe grows and thrives is the particularly important aspect, as well as the fact that it grows on other plants. Through this the mistletoe acquires very particular forces. It acquires forces which can be designated approximately as follows: its forces do not want to grow in the usual course of the year, flowering in spring and then bearing fruit, but develops these things at a different time, outside the normal course - during winter. Through this, it preserves forces which work against the usual course of events... When one looks at the life of nature in relation to the process of mistletoe formation, one could say: here the life of nature has become “insane”; as regards the mistletoe, it does everything at the wrong time. But this is just what one has to use when the human organism becomes physically "insane", as it does in tumor formation...

Mistletoe doesn’t want to grow in the usual course of the year, flowering in spring and then bearing fruit, but develops these things at a different time, outside the normal course - during winter. Through this, it preserves forces which work against the usual course of events... When one looks at the life of nature in relation to the process of mistletoe formation, one could say: here the life of nature has become “insane”; as regards the mistletoe, it does everything at the wrong time. But this is just what one has to use when the human organism becomes physically "insane", as it does in tumor formation...

It is a question of creating a remedy out of the mistletoe fruit, in connection with other forces in the plant itself, through the proper preparation procedure. One must bring the glue-like substance of the mistletoe into the right connection with a triturated medium, gradually creating a very high potency of this mistletoe-like substance. [13th lecture]
Literature

(1) STEINER, R.: Spiritual Science & Medicine (20 lectures given to doctors and medicine students, Dornach 1920). G.A. 312, Rudolf Steiner Press, London – here, particularly the pertinent discussions in lecture 13; also lectures 5 and 7.


(5) FISCHER, I.: Grundriss der Gewebezüchtung, Jena (1942).


(10) LETTERER, E.: Allgemeine Pathologie. Georg Thieme Verlag, Stuttgart (1959),
– (a) Abschnitt: Die Biologie des Geschwulstwachstums,
– (b) Abschnitt: Das ungeformte Mesenchym.


(13) The concept “I-Organization” was first coined by Rudolf Steiner. In this connection see:


STEINER/WEGMAN, The Fundamentals of Therapy.


Supplementary Literature:
Available in English

BOTT, VICTOR, “Anthroposophical Medicine”.
BUEHLER, WALTER, “Living With Your Body”.
HUSEMANN/WOLFF, “The Anthroposophical Approach To Medicine”.
MEES, L. F. C., “Blessed By Illness”.
SCHMIDT, GERHARD, “Cancer und Nutrition”.
STEINER, RUDOLF, “Occult Physiology”.
STEINER/WEGMAN, “The Fundamentals of Therapy“.

The above titles are available from the Anthroposophic Press, Hudson, N.Y., USA and Rudolf Steiner Press, London.

LEROI, RITA “An Anthroposophical Approach To Cancer”.
LORENZ, FRIEDRICH, “Cancer, A Mandate To Humanity“.

The above titles are available from the Mercury Press, Spring Valley, N.Y., USA


(aus der Abteilung für zelluläre Immunbiologie des Instituts für Immunologie und Genetik am Deutschen Krebsforschungszentrum, Heidelberg)
Summary of WALA Preparations for Supplementary Therapy

(Ampules contain 1 ml of fluid for injection, if no other size is indicated.)

Homoeopathic single remedies

<table>
<thead>
<tr>
<th>Remedies</th>
<th>Decimal Potency</th>
<th>Dosage Form</th>
<th>Amp.</th>
<th>Glob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apis ex animale</td>
<td>3, 4, 6, 12, 15, 20, 30</td>
<td>Amp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arsenicum album</td>
<td>12, 15, 30</td>
<td>Amp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chamomilla e radice</td>
<td>3, 6, 30</td>
<td>Amp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lachesis e veneno</td>
<td>8, 10, 15, 30</td>
<td>Amp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Magnesium phosph. c. cinere Avenae</td>
<td>8</td>
<td>Amp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phosphorus</td>
<td>8, 20, 30</td>
<td>Amp.</td>
<td></td>
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</tr>
<tr>
<td>Quartz</td>
<td>8, 12, 20, 30</td>
<td>Amp.</td>
<td></td>
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</tr>
<tr>
<td>Viscum Mali, Senker</td>
<td>4, 6, 30</td>
<td>Amp.</td>
<td></td>
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</tbody>
</table>

Organ preparations (Tu Series)

Please consult the WALA Therapeutic Preparations List for Physicians or Therapy with Potentized Organ Preparations (H.-H. Vogel, WALA literature).
Organ-metal combinations
- Organized according to main organs and inner secretory glands
- Dosage form for all: ampules

Cor / Aurum [D4/10]
Hepar / Stannum [D4/10]
Hepar / Stannum [D15/20]
Lien / Plumbum [D4/30]
Pulmo / Ferrum [D15/8]
Pulmo / Mercurius [D4/15]
Pulmo / Tartaratus stibiatus [D4/8]
Pulmo / Tartaratus stibiatus [D15/8]
Renes / Argentum nitricum [D15/20]
Renes / Cuprum [D4/8]
Vesica fellea / Ferrum [D4/8]
Vesica fellea / Ferrum [D15/20]
Epiphysis / Plumbum [D6/30]
Gland. supraren. dextra c. Cupro coll. [D6/6]
Gland. supraren. sinistra c. Cupro coll. [D6/6]
Hypophysis / Stannum [D6/15]
Ovaria / Argentum [6/6]
Pancreas / Argentum [D15/20]
Pancreas / Meteoric iron [D4/20]
Parathyreoidea / Aurum [D6/15]
Testes / Argentum [D6/6]
Thymus / Mercurius [D6/15]
Thyreoidea / Ferrum [D6/10]

Dispersion bath oils * [see note – page 35]
- These preparations have olive oil as a basis
  Aconitum e tob. 5%, Oleum
  Aesculus e sem. 5%, Oleum

Arnica e flor. 5%, Oleum
Betula e fol. 5%, Oleum
Calamus, Oleum aeth. 5%
Calendula e flor. 10%, Oleum
Camphora 5%, Oleum
Chamomilla e flor. 10%, Oleum
Citrus, Ol. aeth. 10%
Equisetum ex herba 5%, Oleum
Eucalyptus, Oleum aeth. 10%
Hypericum ex herba 5%, Oleum
Lavandula, Oleum aeth. 10%
Levisticum e rad. 5%, Oleum
Melissa ex herba 5%, Oleum
Nicotiana e fol. 10%, Oleum
Oxalis e pl. tota 10%, Oleum
Pinus pumilio, Oleum aeth. 10%
Prunus spin. e flor. 5%, Oleum
Rosa e flor. 10%, Oleum
Rosmarinus, Oleum aeth. 10%
Thymus, Oleum aeth. 5%
Urtica dioeca ex herba 5%, Oleum
Viscum Mali e pl. tota 5%, Oleum

* To be used with an oil dispersion apparatus (Manufacturer: W. Junge, Michelbach 39, 7221 Birenboch, West Germany). The apparatus can be attached to any tap and effects an extremely fine division of oil in the bath water. As a result of this considerable increase in surface area, the oil is able to unfold a very intensive activity specific to each oil, bringing a lasting activation of the warmth organism. Approximately 2 ml of oil are needed for a full bath. (Additional information available from the manufacturer.)

Author’s address: Dr. med. H.-H. Vogel, Bottlerweg 17, D-7325 Eckwilden/Bad Boll, W. Germany
Translated by Mr. Mark McKibben
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