The PAAM Medical Letter

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Michaelmas

Dear Colleagues!

Welcome to another edition of the PAAM Medical Letter. Thank you for words of support for this Letter and for supporting the anthroposophic medical movement. As you can notice in the body and presentation of the Letter, we are trying to have an efficient and still user-friendly format for readers.

Meditation

Micha-el!
Lend me your sword
That I may be armed
To overcome the Dragon in me.
Fill me with your strength
That I may vanquish
The spirits that want to lame me.
Work in me in such a way
That Light may stream
To my "I" and I may thus be led
To actions and deeds worthy of you.
Micha-el!

~Rudolf Steiner, exact citation unknown

What is the sword of Micha-el? It is the iron sword of courageous discernment; the sword of strong spiritualized, intuitive thinking. A thinking that is will-engendered, crystal clear, mobile and flexible, nimble and quick, alive, vivid and warm, and full of purpose and moral strength. It is *the angelic form of true thinking*.

What or who is the Dragon? The Dragon is the adverse spiritual power that lives and thrives in our unredeemed lower astral-desire nature and in our sense-world-only oriented intellect.

Who are the spirits that lame? They are largely the ahrimanic beings that paralyze our soul so that we give up from any spiritual attempt or effort, and just turn away, staying comfortable in what we have in terms of our abilities in the sense-world alone.

The Calendar of the Soul

Verse # 26

Nature! Yor maternal being
I bear within the true being of my will;
And my will's fiery might
Shall steel my spirit-striving,
That sense of self spring forth,
To bear myself in me.

Verse #27 (Complementary verse)

To penetrate into my being's depths:
Stirs a longing that is promise filled,
That I in self-beholding find myself
As sun-gift of summer, which as seed
In warming autumn mood lives
As impulse for my soul's forces.

Virtues of the Month

Virgo (8/21 to 10/1): Courtesy becomes Heartfelt Tactfulness
Libra (9/21 to 11/1): Contentment or Contentedness becomes Composure, Equanimity

Medical and Other Relevant Literature

Copies of referenced articles for this issue have been stored on Google drive, https://tinyurl.com/3hrv7rky (https://drive.google.com/drive/folders/1laSMpO7_koSnzE-xQCBQcrKBy7lG5kc7?usp=drive_link)

Copies of referenced articles for this issue have been stored on the AnthroMed Library repository, https://hdl.handle.net/20.500.14430/697 (https://www.anthromed.org/entities/publication/fbf3f1e5-0130-4649-b011-4082a11a39d7)

Article number

1. The Medical Section at the Goetheanum recently updated their article on post-COVID and post vaccination syndromes. It was originally published 9/27/21 and now updated 5/17/24. In this open access article, a group of experienced European AM physicians and therapists review long-COVID or post-COVID syndromes in terms of definition, long-term cardinal symptoms, pathophysiology (mistranslated in the article as "pathopsychology") and diagnosis. They include the post-vaccination syndrome ("post-vax" or "long-vax"), but the COVID literature they cite is largely from 2020 and 2021 and doesn't appear to be updated with more recent studies (with some exceptions). In addition, post-vaccination syndrome has only recently been recognized as a real problem. Most of the conventional literature does not analyze the effect of COVID gene-based vaccinations after 2021 with the newer SARS-CoV-2 variants. This would be necessary because after 2021, most vaccinated people still got COVID in the ensuing three years and the gene-based COVID vaccination may have contributed to post-COVD syndrome compared to the unvaccinated who didn't get COVID until after 2021 when the milder variants were circulating.

   In any event, the authors provide a working model of the 3 main types of post-COVID and post-vaccination syndromes and the associated biomarkers. I would think another major type of post-COVID/Post-vaccination syndrome would be autoimmune syndromes. In the therapeutics section they mention helpful conventional and naturopathic treatments. The McCullough Protocol 2022 (https://petermcculloughmd.substack.com/p/mccullough-protocol-nutraceuticals) fits nicely here.

What is most helpful in the article is the broaden integrative approaches and both AM medical and other AM therapies mentioned in the article, as well as the view to treat the fourfold human being. Not every remedy mentioned needs to be used! Some remedies are more important than others and it requires clinical judgment to decide which ones to select. The authors do provide at times some helpful differentiations of the mentioned remedies in terms of specific symptoms they target. In terms of the mistletoe preparations and low doses recommended, sometimes much higher doses are necessary to warm up the warmth organism. Nevertheless, starting with low doses is usually a safe way to start.

Overall, this is a great resource.

Harald Matthes, Georg Soldner, Madleen Winkler, Eva Streit, Karin Michael, Carla Wullschleger, Rolf Heine, Katharina Gerlach, Unda Niedermann-Veith, Henrik Szőke. Post-COVID and post-vaccination syndrome from the perspective of anthroposophic medicine – symptoms and treatment options. Recommendations of an international expert commission for health professionals. Last update: 17.05.2024 Published: 20.09.2021. https://www.anthromedics.org/PRA-0993-EN

2. This next article is the publication of the recent MISTRAL results, studying the effects of the addition of subcutaneous Viscum album L. (Iscador Qu brand) to standard chemotherapy or palliative care vs. placebo. This was a well-done, double-blind, randomized placebo-controlled trial design of 290 advanced pancreatic cancer patients done in multiple oncology centers in Sweden with V. album treatment lasting 9 months and continual follow-up for up to 48 months. The maximum dose of V. album was 20 mg TIW, but many patients couldn’t tolerate that dose, which meant the average

maintenance dose was 9.5-14.3 mg TIW in the V. album treatment arm. After 9 months, patients with placebo on standard oncology therapy could get V. album and their average maintenance dose was 18.2-20 mg TIW.

Results for overall survival did not show any difference (adjusted hazard ratio (aHR) was 1.13 (96% CI 0.89 – 1.44), with median survival of 7.8 and 8.3 months for V.album and placebo, respectively. There was also no significant difference between the two groups for quality-of-life parameters. Various subgroups analyses done came to the same conclusion (including mistletoe in basic supportive care or palliative care elected by the patient). Both intention-to-treat and per-protocol analyses showed no difference between V. album and placebo arms.

Given that advanced pancreatic is a very difficult disease to treat, and it is well known to be resistant to immune conventional therapies (V. album works mainly via the immune system against cancer), it’s not surprising and probably unrealistic to think that V. album could work under the conditions of this study.

The authors believe it is unlikely for subcutaneous V. album to have a clinically significant effect on overall survival or quality-of-life in advanced pancreatic cancer. This was a thorough and well-done study that met the highest standards for a RCT. One can wonder if off-label IV mistletoe would have a beneficial effect. We know from numerous case reports that intra-tumoral V. album can have a beneficial effect, but the treatment is hard on the patient, and in pancreatic cancer, this would be a difficult, invasive procedure to do. Given the positive results of the 2013 Tröger RCT on advanced pancreatic cancer there could be a place for subcutaneous Viscum album if the patient refuses chemotherapy.

Wode K, Kienle GS, Björ O, Fransson P, Sharp L, Elander NO, Bernhardson BM, Johansson B, Edwinsdotter Ardnor C, Scheibling U, Hök Nordberg J, Henriksson R: Mistletoe extract in patients with advanced pancreatic cancer: a double-blind, randomized, placebo-controlled trial (MISTRAL). Dtsch Arztebl Int 2024; 121: 347–54. DOI: 10.3238/arztebl.m2024.0080 . https://www.aerzteblatt.de/int/archive/article?id=239558&src=search. Supplementary material
eReferences, eMethods, eBoxes, eTables, eFigure:
www.aerzteblatt-international.de/m2024.0080.

For those who want a short, two-page summary, see the accompanying objective and fair editorial. Seufferlein T: Mistletoe and pancreatic cancer. Dtsch Arztebl Int 2024; 121: 345–6.
DOI: 10.3238/arztebl.m2024.0099. https://www.aerzteblatt.de/int/archive/article/239557

3. This next published article is not open access article but is important clinical research done by two PAAM members, Ross Rentea, MD, and Mark Kamsler, MD. They are the two of three cofounders of True Botanica Company and also are on the Board of Directors and perform research on therapeutic substances and potencies at the Kolisko Institute for Anthroposophical Medicine. They have studied and researched mistletoe (Viscum album L) on the host tree, Robinia pseudo-acacia. The tree and mistletoe both have special properties and characteristics of interest. They describe the important botanical and phenomenological aspects of the tree and its mistletoe from various points of view and also from an anthroposophical perspective. The clinical rationale then comes to light that

Robinia mistletoe could be applied "*when successful perseverance in the face of difficult challenges is needed*."

The authors give a good description of their particular and careful anthroposophical method of preparation of the oral Viscum Robinia RK 30X remedy. It is not an injectable cancer therapy, but an oral, under-the-tongue remedy to address the troubled soul life of the patient that needs support and strength. They give 5 successful clinical case examples with only using Viscum Robinia RK 30X to effect improvement after a few weeks. In addition, the authors provide several specific situations when this remedy could be considered, such as in a chaotic life that needs protection, overwhelmed feelings, and depression with digestive problems. The need for inner strength, fortitude and hope seems to be the key necessary help.

Their article was well written and was published in the *Der Merkustab,* the German Journal of Anthroposophic Medicine. Unfortunately, it is not an open access article.

Razvan Rentea, Mark Kamsler
Der Merkurstab 2024;77(2):97-103.
Article-ID: DMS-21763-EN
DOI: https://doi.org/10.14271/DMS-21763-EN.

4. Evaluating the long-term effectiveness of gene-based COVID-19 vaccines is vitally important, especially since the good documentation of the waning mRNA vaccine protection against SARS-CoV-2 infections and the need for multiple (every 9 to 12 months) booster injections. A recent published

systematic review and meta-analysis on adults in 5/2023, looked at gene therapy vaccine effectiveness (overall protection, not just antibody levels) against infections, hospitalizations and mortality with long-term follow-up. By conventional standards, this is a well-done and sophisticated analysis by a Canadian team of researchers which included some important enhancements to their analysis to improve the accuracy and confidence in the results. For example, they used three-level meta-analytic models "for the explicit modelling of nested structures in data…, and to produce more valid and reliable estimates than traditional (univariate) fixed and random effects models under such circumstances." They also improve on the traditional 95% confidence intervals (CIs) by also reporting 95% *prediction intervals* (PIs) to better reflect the "likely range within which a future observation (ie, a vaccine effectiveness estimate from a new study, or a vaccine effectiveness estimate observed in a new context) would be expected to fall." Confidence intervals only represent "the likely range in which the average population parameter (eg, across studies or contexts) might be expected to fall." (See tables 2, 3 and 4 in the article for the differences in interval ranges.) In general, prediction intervals are much wider (indicating less confidence in the average value) than CIs and can include negative lower estimates (which translate into negative effectiveness).

The study found that for infections (asymptomatic or symptomatic) by any SARS-CoV-2 strain, vaccine effectiveness for the primary series reduced from 83% (CIs 80% to 86%, PIs 39% to 95%) at baseline (14-42 days later) to 62% (CIs 53% to 69%, PIs -29% to 89%) by 112-139 days. Vaccine effectiveness was better at baseline for hospitalizations 92% (CIs 88% to 94%, PIs 51% to 99%), and 91% (CIs 85% to 95%, PIs 37% to 99%) for mortality .The protective effectiveness reduced to 79% (CIs 65% to 87%, PIs -23% to 97%) at 224-251 days for hospitalizations, and 86% (CIs 73% to 93%, PIs 9% to 98%) at 168-195 days for mortality. As expected, estimated vaccine effectiveness was lower for Omicron variants for infections, hospitalizations and mortality at baseline and reduced ever further over longer term follow-up. For Omicron booster doses, vaccine effectiveness at baseline was only 70% against infections and 89% hospitalizations and reduced to 43% for infections and 71% against hospitalizations at $\geq$ 112 days.

However, there are some serious limitations of this and similar studies:

1. They did not use an intention-to-treat approach for the gene-based vaccinations, comparing the first dose of vaccine with a completely unvaccinated group and following them through subsequent doses of vaccine or infections to avoiding classifying the partially vaccinated as "unvaccinated." Using their definition of vaccinated as completing the primary series or booster biases the results toward the vaccinated group, even if the vaccine was not very effective in reality. This a profound and biased problem with contemporary research on COVID-19 gene-based vaccine effectiveness.

2. The study doesn't provide age-stratified and co-morbidity results. We know from other data that the vaccine has differential effects based on age and co-morbidities. Other data suggest that age is an important factor in the level of protection of COVID-19 gene therapy.

3. While the authors excluded studies with critical biases, they still keep studies with serious biases. In fact, 76% of the included studies had serious biases, limiting the validity of their results.

4. To their credit, the researchers did include preprint studies in their analyses. Preprint articles tended to show results that were generally pointing to lower effectiveness during later variants of SARS-CoV-2. The funnel plot the authors did, indicated potential publication bias against studies with less favorable results. This would indicate that their analyses of their included studies would also over-estimate the true value of protection.

5. Of the studies analyzed 57% were test-negative case-control studies (low validity study design because the groups aren't truly comparable), 38% used cohort designs (with the biased definitions of vaccinated and unvaccinated), and three were the registrational RCTs (that have reports of fraud and suppression of data, biased protocols as well as reporting only very short-term results). Given the serious flaws of the included studies in the analysis it is hard to accept the validity of their results.

vaccine effectiveness. However, by not taking into an accurate account of the frequency of serious vaccine reactions, the studies result will skew the findings in favor of these therapies as at least reasonably beneficial in the short-term, but without looking at the harms that may occur. The medical literature is skewed towards showing the benefits COVID-19 gene-based vaccines (largely observational vaccine effectiveness studies) and not looking objectively for their risks of serious harms. For an accurate assessment we need the potential benefits and harms ratios.

Given these serious limitations and biases that this systematic review and meta-analysis has, it's hard to get an accurate picture of the gene-based therapies benefits and risks to various age groups. We do know that the gene-based vaccine's effectiveness wanes significantly over time (from multiple studies), we just don't know their true protection level and duration.

Nana Wu, Keven Joyal-Desmarais, Paula A B Ribeiro, Ariany Marques Vieira, Jovana Stojanovic, Comfort Sanuade, Doro Yip, Simon L Bacon. Long-term effectiveness of COVID-19 vaccines against infections, hospitalisations, and mortality in adults: findings from a rapid living systematic evidence synthesis and meta-analysis up to December, 2022. *Lancet Respir Med* 2023; 11: 439–52. https://www.thelancet.com/journals/lanres/article/PIIS2213-2600(23)00015-2/fulltext.

Wu, N., Joyal-Desmarais, K., Ribeiro, P. A. B., Vieira, A. M., Stojanovic, J., Sanuade, C., Yip, D., & Bacon, S. L. (2023). Long-term effectiveness of COVID-19 vaccines against infections, hospitalisations, and mortality in adults: Findings from a rapid living systematic evidence synthesis and meta-analysis up to December, 2022. *The Lancet Respiratory Medicine*, *11*(5), 439–452. https://doi.org/10.1016/S2213-2600(23)00015-2

5. An open access article published 11/2023, addresses the issue whether the claim that COVID-19 gene-based vaccines reduce the risk of long-COVID (post-COVID condition (PCC) in this paper). This appears to be a well-done, diligent, prospective and population-based registry study (DigiHero) from Germany. The authors asked participants retrospectively about their symptoms during acute infection, 4-12 weeks after infection and ≥12 weeks after infection via a detailed questionnaire that also included stratified vaccination status (0-3+ doses (thereby including the partially vaccinated).

They only asked about long-COVID after the first occurrence of an infection and only after the first occurrence of long-COVD (PCC). The authors also classified the SARS-CoV-2 variants based on the recorded infection rate and using reports of the dominant variants reported as an acceptable approximation of variant associated with COVID-19. In other words, they did not analyze the specimens directly for each reported infection. More details are in the paper for those interested.

Results of the study showed that participants infected with the wild-type virus (no vaccinations) had the highest PCC risk (adjusted odd ratio [aOR] 6.44, 95%CI 5.49 to 7.56), followed by progressively lower aORs for Alpha and Delta compared to the reference group of persons infected with Omicron with $\geq$ 3 doses of gene-based therapy.

The most important finding was that vaccinations (1-3+) *were not* associated with a lower risk than the unvaccinated for each type of variants (see fig 2). Also, the risk of developing PCC was substantially lower among those with who had had prior infections, but did not differ based on vaccination status among those who had been infected. Additionally, the symptom severity of PCC did not differ by the variant, the vaccination status, or previous infection. Infection with Omicron, compared to other variants, also provided a strong risk reduction against PCC. The lack of protection against PCC by vaccination by this study challenges the repeated claims of biomedical authorities of this benefit from gene-based vaccines.

Sophie Diexer[1] · Bianca Klee[1] · Cornelia Gottschick[1] · Chao Xu[1] · Anja Broda[1] · Oliver Purschke[1] · Mascha Binder[2] · Thomas Frese[3] · Matthias Girndt[4] · Jessica

I. Hoell[5] · Irene Moor[6] · Michael Gekle[7] · Rafael Mikolajczyk[1]. Association between virus variants, vaccination, previous infections,
and post-COVID-19 risk. International Journal of Infectious Diseases 136 (2023) 14–21. https://doi.org/10.1016/j.ijid.2023.08.019.

6. During and after the pandemic, the accusations of "anti-science" in biomedicine and public health were often used to attack and discredit scientists who held opposing views. Peter Hotez, MD, has probably been the most vociferous of the vaccine propagandists leveling this charge and suggesting extreme, authoritarian measures to counteract "dangerous anti-science extremists" from having any platform. However, governments and regulatory agencies from around the world have participated also in the attacks and in censorship of opposing views.

This open access opinion piece was published 6/2024 in the journal, *Public Helath in Practice*. The authors did a targeted literature survey "to first clarify the known limits of traditional scientific methods, and then reflect on now the scientific reporting about COVID-19 mRNA vaccines has evolved, to illustrate the wide range of perspectives that science [and scientists] can adopt on a given study object." This 3-page professional opinion by academic public health individuals make several good points. They review some epistemology (knowledge and its limits), the nature of and plurality science, the true nature of evidence-based medicine (taking into account the best research findings with a critical reaching of the literature, clinical judgment and patient preferences), the undeserved privileged status of the RCT, and the contamination and exploitation of science by industry and "social and commercial determinates of health."

The authors illustrate their thesis by looking at COVID gene-based vaccines. The registrational RCTs had biased outcomes by looking only at the exaggerated relative risk reductions and not at the more sober absolute risk reductions of 0.84% to 1.26% for Pfizer and Modern mRNA vaccines, respectively. They mention that subsequent finding of these trials reveal fraud, suppression of data, including no mortality benefit at 6 months. The vaccine companies, Pfizer and Moderna posted only low adverse vaccine reactions but a detailed look at the large, pooled safety data submitted to regulatory agencies for the basis of their EUA (emergency use authorization) reveal a serious adverse event risk from the gene-based vaccines of 1/800. At a population level, this rate, which may be higher, is unacceptable and leads to hundred of thousands with severe vaccine injuries. This substantiates multiple reports and studies of the VAERS data, among other sources published in the literature, of severe adverse vaccine reactions.

This opinion piece looks at some of the major problems with the gene-based vaccines, their literature and the public pronouncements by biomedical and public health authorities. Of course, more detail could have been explored on the abuses of science by the pharmaceutical industry and pro-vaccine propagandists. Nevertheless, the authors views on the limitations of traditional natural science, the need to consult the medical and scientific literature in a comprehensive way, and on the view to be open to various forms of science, all give room for AM's understanding of science in the broadest sense.

Elisabeth Paul [1], Garrett W Brown [2], Valéry Ridde [3], Joachim P Sturmberg [4]. Who is "anti-science"? *Public Health Pract* (Oxf) 2024 Mar 29:7:100493. doi: 10.1016/j.puhip.2024.100493. eCollection 2024 Jun. https://doi.org/10.1016/j.puhip.2024.100493.

7. This next *JAMA Internal Medicine* viewpoint is about the possibility of having "too much dentistry" and the need to have more evidence-based dental literature and practice. In this 2-page opinion, the authors argue that for those who for can afford dental care, patients are subject to overdiagnosis and overtreatment. Those with no dental insurance or inability to pay are likely subject to underdiagnosis and undertreatment. The authors go through the evidence, such as it is. They call for a clear need for appropriate trials to compare patient important outcomes and the influence of the ability to pay in leading to overdiagnosis and overtreatment. The authors include a 2018 Cochrane review of dental hygienist visits for scaling and polishing of teeth to remove plaque and stains every 6 months as having no advantage in adults without periodontitis. No mention was made in the viewpoint about the need for "impacted" teeth to be removed, another subjective impression that probably is subject to bias and tradition al dental practice.

   The conclusion seems justified that dental practices are likely designed for and subjected to overdiagnosis and overtreatment in those who can pay for it. Other models of care likely needed to be developed.

   Paulo Nadanovsky, DDS, PhD[1,2]; Ana Paula Pires dos Santos, DDS, PhD[3]; David Nunan, PhD[4]. Too Much Dentistry. *JAMA Intern Med.* 2024;184(7):713-714. https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/2818193.

8. Finally, there are research studies showing the positive and beneficial effects of being in nature, such as decreased stress and increased sense of well-being. One particular feeling when being in nature is the feeling of awe. This Medscape article explores this further and discusses the research.

Awe can increase feelings of connectedness-at one with nature- and part of a larger reality that often leads to pro-social behaviors. To fully feel awe, you need the capacity for humility because the feeling of smallness is part of the feeling of awe. Feelings of awe may change the course of someone's life in profound and possibly permanent ways. There is a definite correlation between experiences of awe and feelings of happiness. One researcher stated that feelings of awe "awakens self-transcendence which in turn invigorates the pursuit of the authentic self." Awe not only leads to a sense of a smaller self, but it also decreases brain activity in areas responsible for self-reflection. This means the soul is truly outside itself and interested in the world around it.

Steiner has emphatically emphasized the need for awe as the basis for any true knowledge and especially for spiritual knowledge of higher realms. From the above research we can see the wisdom of Steiner's path of knowledge. In addition, the anthroposophical path emphasizes observing and growing with nature, but not in a sentimental or self-seeking way for some sort of peak experience.

Despite what the latter part of the article states about virtual reality leading to awe, one must wonder whether this is a trap for the soul that will eventually disconnect itself from true reality. From an AM perspective, nature and authentic religious/spiritual experiences are genuine and nourishing experiences for the soul and its potential growth in knowledge.

The photos in the article are something to see. Thank you to PAAM member, John Takacs, DO, for letting me know about this article.

The Unappreciated Healing Power of Awe - Medscape - Sep 25, 2023. https://www.medscape.com/viewarticle/996785#vp_1.

Rudolf Steiner excerpt:

Our time strives for intelligence and logic, but those who want to be at the head of the scientific or cultural efforts of our time do not possess a lot of keen mind and logic.
One does not aim at the whole clearness of thinking in our time at all. If one fully aimed at the clearness of thinking, one would also be able to understand spiritual science completely. Who thinks clearly cannot argue anything against that which spiritual science has to bring forward — of course on the whole; since the spiritual scientist can be mistaken as the human being can generally be mistaken.
Countless examples could be given which show us that just our time is little inclined to apply clear, keen thinking.

Source: Rudolf Steiner – GA 159 – The Mystery of Death – Cologne, 19th June 1915.

https://rsarchive.org/Lectures/GA159/English/UNK2013/19150619p01.html.

Contributions

As always please send any comments, criticisms, contributions or articles to be considered in the PAAM Medical Letter.

On behalf of the PAAM Board, and to You, our Valued Colleagues,

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