

Dear PAAM Members!

Welcome to another edition of the PAAM Medical Newsletter. To both old and new members, a heartfelt thank you for joining and being a part of the anthroposophical medical movement! This issue 3 is part 2 of the topic of cancer and therapeutic use of anthroposophic mistletoe. As you may remember, issue 2 (part 1) reviewed many key lectures Steiner gave about cancer and its treatment with mistletoe. The issue also included a summary of the research on mistletoe use in cancer up to 2014. However, we were left with the impression that current research doesn't adequately support the high hopes Steiner had for properly prepared and administered mistletoe (*Viscum album L.*). This issue 3 will take up this impression and point to some potentially fruitful avenues of treatment and research. As the first issue mentioned, a certain degree of Micha-elic courage is necessary to go against some aspects of the dominant medical paradigm and begin anthroposophic medical treatment. This is especially true for cancer treatment.

You may remember, or can call up from your memory, the **mantric verses** appealing to our courage and to the Being of Micha-el for help. However, we certainly need more than one quality to do anthroposophical work. The following verse below points to our need to be in community and also be aware of the archangelic beings who unite with our small or large groups and can provide guidance as we strive together united in *feeling*. The verse below was given by Rudolf Steiner to the first American branch of the Anthroposophical Society in New York City in 1923. It has subsequently been called "The America Verse". Steiner appears to point to the American people's need to have an appropriately developed feeling for each other and the spiritual world, and not just our highly developed thinking and will capacities:

The America Verse

May our feeling penetrate  
Into the center of our heart  
And seek in love to unite itself  
With those human beings seeking the same goal,  
With the spirit beings, who full of grace,  
Strengthening us from the realms of light  
And illuminating our love,  
Are gazing down on our earnest, heart-felt striving.

## Attachments

**Attachments 1 and 2:** These two case series from 2011 and 2013 come from Tibor Hajto and Angelika Kirsch. Hajto is an immunologist, who I think spent some time at the Lukas Klink in Arlesheim and has been involved in mistletoe research for a while. Kirsch is a Swiss physician in private practice, using anthroposophic mistletoe to treat cancer. The first case series reports on 6 cases of various sarcoma patients (with poor prognosis) who were treated with standardized mistletoe lectin (ML) preparations of

anthroposophic mistletoe (Iscador Special) at an optimal dose of 0.75-1.0 ng/kg of ML per dose, rhythmically injected SQ 2 times a week. Hajto's prior research had determined that the MLs were very important for mistletoe's immunologic effect on the innate immune system's attack on cancer and that a "rest" of about 3 days between doses was optimal for a "balanced effect". Most of the patients had some conventional treatment as well, but the cases clearly demonstrate that the mistletoe treatment was of decisive significance in the recovery of all 6 patients. Cancer patients have a profoundly depressed or defective innate immune system (granulocytes, monocytes-macrophages, dendritic cells and natural killer cells) involved in tumor inhibition. Their innate immune system is "biased" towards a chronic inflammatory response that promotes cellular proliferation, angiogenesis and tissue repair; all of which are helpful for tumor survival and growth! Normal tissue and wound repair need an organized and guided inflammatory healing response that eventually must stop. Obviously in cancer this doesn't occur and we see "runaway" cellular proliferation. Hajto and Kirsch's first article points to optimizing the immune response to anthroposophic mistletoe as one way to improve outcomes for cancer patients. The publishing of this paper showing marked improvement in survival in these sarcoma cases is meant to draw attention to the potential of specialized mistletoe treatment and spur further research.

**Attachments 3 and 4:** These next two papers from Gunver Kienle, Helmut Kiene, and *et al*, are 2 recently published (in 2016) qualitative studies on individualized integrative cancer care using mistletoe. Both Gunver and Helmut are active researchers and publishers on anthroposophic medicine (AM) and founded the Institute for Applied Epistemology and Medical Methodology. Both papers are based on extensive interviews with 35 experienced, expert physicians working in Germany and other countries who use holistic and integrative anthroposophic medicine for their cancer patients. The first paper describes the comprehensive and holistic approach of these AM physicians in caring for cancer patients, providing rich insights into the concepts and approaches used in AM. While, admittedly, a qualitative study has several limitations compared to the "gold standard" of a properly conducted RCT, quoting a paragraph from the paper helps put things in perspective regarding medical experts' reasoning:

*"The results from clinical trials and guidelines are only regarded as one source of information, whereas "mindlines," socially constituted knowledge," tacit knowledge (a characteristic feature of expertism), discussions with colleagues, and medical literature are seen as more decisive. Also, intuitive decision-making was appreciated. Intuition has been widely recognized for its central role in clinical reasoning and its meaning historically originated from ideas of "direct perception... made intelligible through cognitive understanding" (from Plato to Descartes) and "logico-mathematical understanding" (Spinoza) and has only recently "fallen... to something unscientific and unverifiable – a form of common sense."*

The second paper discusses the use of IV mistletoe in cancer care by AM physicians. The paper points out that the use of IV is based on an individualized assessment of the patient. IV mistletoe is considered to be a very important off-label intervention. There is

a list of 7 "reasons" or indications for IV mistletoe use. To summarize, they are: to stabilize the cancer, increase the quality of life and general condition, to strengthen the patient, to support tumor control and to relieve serious and distressing symptoms. With intravenous mistletoe alone, one rarely sees tumor regression, much less tumor eradication. A few case reports, however, and the experience of some physicians, both indicate that the addition of SQ mistletoe injections and especially intratumoral injections when possible, along with IV mistletoe, can lead to better, more impressive results. Whether these more individualized ways to use IV mistletoe can give better outcomes is still "unresolved". The authors feel this qualitative study may provide a stimulus for additional appropriate research and therapy development. It is also true that these two papers indicate other ways to improve on standard mistletoe therapy and come closer to Steiner's hope for effective mistletoe treatment of cancer.

## Announcement

The textbook, Internal Medicine: Foundations and therapeutic concepts of Anthroposophic Medicine, written by Matthias Girke, MD, has finally been translated in English and published. This is the most comprehensive textbook on adult anthroposophic medicine available. Most serious students of AM would most likely want a copy. **Attachment 5** has a brief review by David Martin, MD, and also a book ordering form for you to use.

## Questions and Answers

1. "Why do I see the name Michael spelled (and pronounced) 'Micha-el' in this PAAM Medical Newsletter and sometimes in other places?"

The name "Micha-el" comes from the Hebrew, *Mīkhā'ēl*, and means "one who is like God", with "El" being one of the ancient names for God. If you look at the English language and how we use it, you can clearly see the tendency to contract words (e.g. "can't"), and omit enunciating all syllables (e.g. "chocolate"). The current English pronunciation of Michael, doesn't do justice to the origin and meaning of the word. Other languages, like Spanish, for instance, do pronounce all the syllables that are written. (Of course, conversational Spanish speakers often do drop a sound or two, as well.) It is reported that, when Steiner heard the common English pronunciation of "Michael", he was disturbed and suggested that when speaking of the lofty archangel Micha-el, that his name should be pronounced according to the way it is spelled here - with a hyphen. I agree with him.

2. "I seem to get busy and don't have time to read the whole medical newsletter. It then gets buried in an avalanche of other email and I forget to go back to read it. What can I do?"

This is a problem of our age with its excessive information and our difficulty in handling and managing it. The PAAM Medical Newsletter could be sent out again, but then this would add to the "email burden" we all feel. I am also not sure that the same thing of

forgetting about the emailed medical newsletter won't occur again. I would suggest creating a folder of the medical newsletter to archive it and then look back into the folder when you have time to read it. It seems that our age is demanding that we become more conscious and discriminating in how we handle the onslaught of information we receive. Find a method that works for you. Also, as of 2016, the PAAM Medical Newsletters are now archived and are available to members and supporters at: <https://paam.wildapricot.org/PAAM-2016-Newsletters>.

For the PAAM Board,

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