

Report 2018

Society for Cancer Research
Arlesheim • Switzerland



Society for Cancer Research

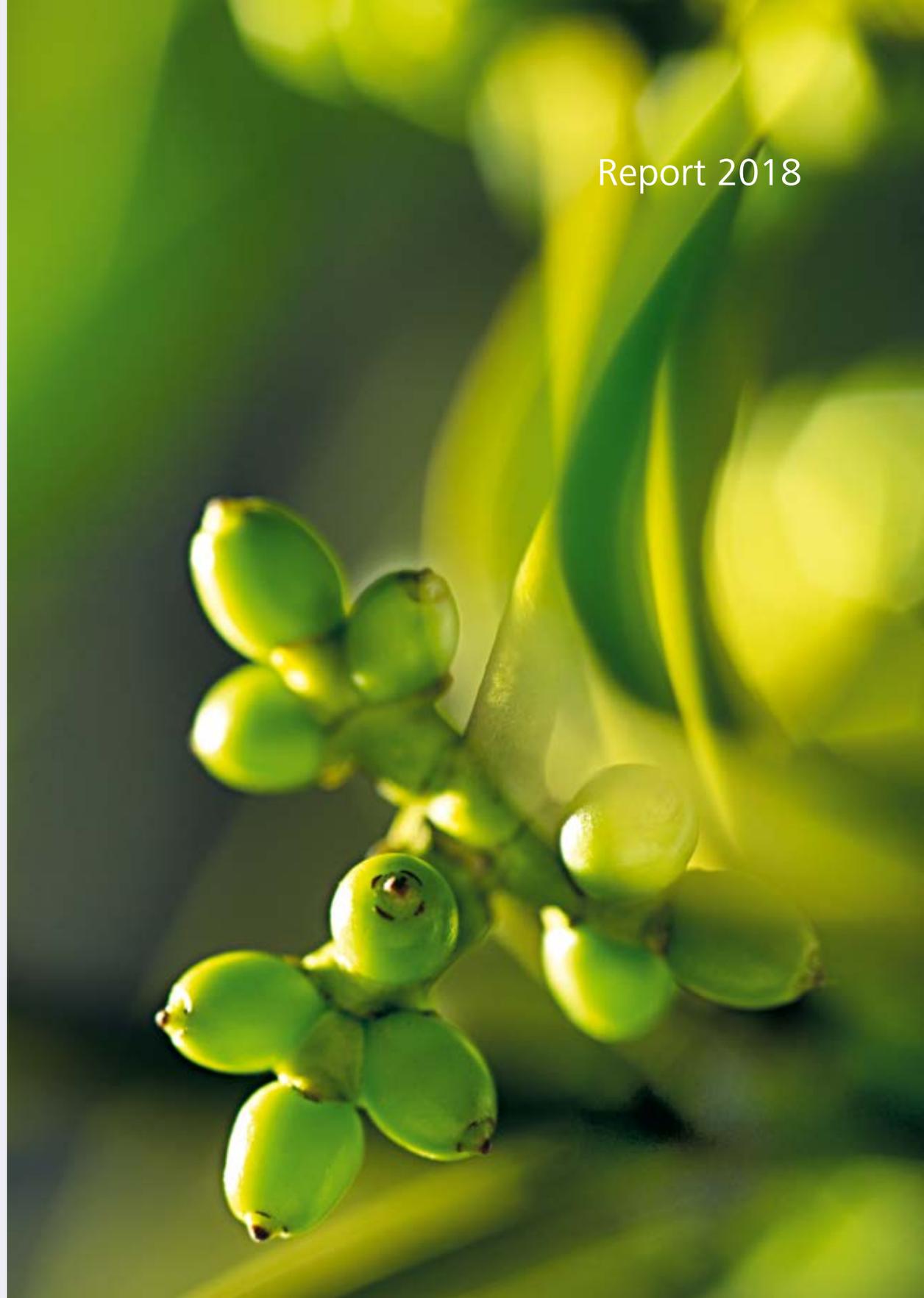
The primary aims of the Society for Cancer Research are assuring, optimizing and developing holistic cancer therapy on the foundations of anthroposophic medicine and pharmacy.

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Editorial



Dear readers!

Last year, 2017, the centenary of the founding of mistletoe therapy was a major event for the Society for Cancer Research. This anniversary was celebrated with a wide range of talks and publications, primarily in German-speaking Europe. Employees from the Society for Cancer Research were actively involved in many of these events and publications, as you can read in Konrad Urech's survey of them in this annual report. For me, one of the highpoints was the opportunity to publicise the medicinal plant mistletoe to a wider audience in a new edition of the «FondsGoetheanum», which in November 2017 was included as a supplement to Schweiz am Wochenende, a Swiss

weekend newspaper with a circulation of over 200,000. But in other countries too, such as the Czech Republic, members of the Society for Cancer Research raised the profile of mistletoe (see the article by Hana Giteva).

A century after mistletoe therapy began, it continues to be highly topical and relevant. In the current report, two specific single-case studies can illustrate this: Paul Werthmann describes the case of a patient with metastasised melanoma, who, at her own request, was treated only with mistletoe, whereupon the metastases disappeared entirely in the course of her two-year treatment. A report of the other case was sent to us by Ravi Doctor from Mumbai, India, who treated a patient with lung metastases of an unknown primary tumour with Iscador, and homeopathic remedies. The patient's quality of life speedily improved, and the usually rapid progress of the tumours was halted.

Patients face a complex and multi-layered decision process when considering whether or not to embark on complementary treatment of cancer, such as mistletoe therapy. In her contribution to our report this year, Ulrike Weissenstein has summarised a range of scientific research papers on this question. Drawing on the example of breast cancer, she compares the central considerations for patients affected by this condition and

examines how they contribute to a decision either for or against complementary treatment. The question of trust seems to me to be central here: in our age of information overload, whom can I really trust? Or can I, in such decisions, primarily rely on myself, on my own inner intuition?

What should a medicine of the future look like? Jeremias Dott, a medical student undertaking research for his MD thesis at the Society for Cancer Research, analyses medical provision today from the point of view of patients and medical staff. In my view he develops a remarkable vision of a medicine of the future that will once again focus on fundamental humanitarian values and engage in comprehensive self-reflection.

The 100th anniversary of mistletoe treatment is a moment when we can justifiably celebrate what has been achieved. Another cause of celebration in 2017 was the permanent inclusion of anthroposophic medicine in obligatory health-care insurance provision in Switzerland. At the same time, an anniversary such as this can make us aware that only continuing commitment and ongoing further development will secure what has been achieved. As described in detail in Konrad Urech's article on new oncology preparations, and in the survey of research and development undertaken at the Society for Cancer Research, we will continue to work unabated to develop both the

scientific foundations and the tangible realisation of therapeutic approaches that focus on the whole human being and on holistic health. We will use your donations and contributions to further this work, and we thank you warmly for your support and good will.

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100 years of mistletoe therapy in oncology – survey of the centenary year 2017

DR. KONRAD URECH

2017 marks a threshold from which we can look back on 100 years during which Rudolf Steiner's impulse for a new cancer therapy was introduced into the world. At the same time we can also look forward expectantly to the further development of this mistletoe impulse. In 1917, Ita Wegman – with the support of the pharmacist Adolf Hauser – started to produce the first mistletoe preparations and to use them in oncology treatment. It was Ita Wegman also who, with Werner and Lina Kaelin and Rudolf Hauschka, founded the Society for Cancer Research in Arlesheim in 1935, thus creating an institutional framework to support the further development of mistletoe therapy in oncology. From this basis arose the Hiscia Research Institute (1949), and finally also the Lukas Klinik (1963), dedicated to research, development and application of anthroposophic oncology, in particular mistletoe therapy. Ultimately we can see the fruits of this work in the fact that mistletoe preparations are now among the most widely used cancer medicines in German-speaking countries.

Following the questing pioneer period and subsequent consolidation of the work, which eventually brought clear evidence of clinical efficacy, a certain conclusion was reached. It became clear that this mistletoe impulse needed to be filled with new life again. We can therefore look back with astonishment at the upheavals that have occurred at the Society for Cancer Research in the last five years, testifying to a new, innovative future: the Lukas Klinik and the Ita Wegman Klinik amalgamated as the Klinik Arlesheim; Weleda AG dissolved its partnership of many years with the Society for Cancer Research (manufacture, packaging, distribution and marketing of the mistletoe preparation Iscador were henceforth combined under the one roof of Iscador AG); and finally also the Society for Cancer Research reconstituted itself as a research institute alone. These reforging processes, and the creation of a new transparency, have opened up new developmental potential, not least also through close involvement of co-workers. Participants in this process have



experienced it as a significant moment in the long history of the Society for Cancer Research. The diverse events and activities marking the centenary thus took place in the context of renewal and a hopeful future for mistletoe therapy.

Over the last year, talks and articles publicising mistletoe therapy's impressive potential in oncology reached a wide public.

The Swiss patient organisation anthrosana presented its latest lecture series under the title «Quality of Life – 100 Years of Mistletoe Therapy». In Zurich, Basel, Bern, St. Gallen, Chur, Lucerne and Solothurn, colleagues from the Society for Cancer Research presented the fascinating world of mistletoe and its healing effects to large audiences.

Following an invitation to the annual conference of the Medical Association for Phytotherapy in French Switzerland (SSPM/SMGP), a scientific lecture was given at the Botanical Gardens in Geneva to mark the centenary of anthroposophic mistletoe therapy.

The Swiss Medical Association for Phytotherapy (SMGP) also organised its annual botanical excursion to Arlesheim, on the theme of mistletoe. Participants were so enthusiastic about their trip that it will be repeated this year, so that those unable to attend previously also have the opportunity to learn more about the wonderful world of mistletoe.



The Arlesheim cancer conference, organised every year by Klinik Arlesheim and the Society for Cancer Research, was also marked last year by the centenary celebrations.

One event is particularly worthy of mention: at the place where Ita Wegman successfully treated her first patients with her first mistletoe preparations, in the house at 27 Gemeindestrasse in Zurich, the Swiss Anthroposophical Society organised a mistletoe symposium: papers by Peter Selg, Peter Barna, Konrad Urech, Hartmut Ramm and Maurice Orange (listed here in the sequence of their lectures) illumined Rudolf Steiner's spiritual impulse for a new cancer therapy.



Colleagues at the Society for Cancer Research were also given opportunities to publish written articles in various places.



The Swiss Anthroposophical Society made the «FondsGoetheanum» forum available to us. This meant publication of a supplement in the Swiss national newspaper «Schweiz am Wochenende», with a print run of 200,000 copies. Helped by professional journalists, a persuasive account of anthroposophic mistletoe therapy by scientists and artists reached a wide readership.



The brochure «The Power of Mistletoe – 100 Years of Mistletoe Therapy for Cancer» was specifically intended for patients. Professionals in the field described mistletoe therapy from historical, botanical, pharmacological and above all medical perspectives in this publication, which appeared in anthrosana's series of patient brochures on health and lifestyle.



Following a request from the international journal «La Phytothérapie Européenne», we were able to remedy a long-existing deficit with publication in French of a survey of the current state of knowledge about mistletoe therapy in oncology. French speakers can therefore now access a colour-illustrated and carefully designed and produced Paris publication entitled «Le gui (Viscum album) depuis 100 ans dans la thérapie oncologique».



This centenary year also saw publication by the Ita Wegman Institute of the book «Aus der Arbeit mit der Mistel», in which two long-standing members of the Hiscia Institute, Hartmut Ramm and Konrad Urech, presented their research findings on mistletoe's biology, its development in terms of both form and substance (exemplified in particular by oak mistletoe), its history, mythology and spiritual origins, as well as medicinal processing.



Finally, the 2017 annual report of the Society for Cancer Research was an extensive special issue including accounts of the diverse fields of work and study and their future potential for anthroposophic medicine.



An important foundation for publicity work is the great fund of photographic images of mistletoe which our photographer Jürg Buess supplies and supervises with keen artistic sense. His pictures are now widely disseminated and were much used also in this anniversary year. Thus his photos were an important feature of the FondsGoetheanum newspaper supplement, and subsequently underpinned an article on the official SRF information website (Swiss radio and TV) for Swiss people living abroad,

«swissinfo.ch», which referred in nine languages to the use of mistletoe in cancer therapy. In Krummau, Czechia, an exhibition of mistletoe photos was held in the foyer of the town's theatre during the conference there of the International Postgraduate Medical training run by the Goetheanum's Medical Section (see the article in this report). And the oncology department at Paracelsus Hospital in Richterswil purchased a series of these lovely photographs to adorn the walls of its ward.



The botanical department of Hiscia Institute also made a lasting contribution in this centenary year. Thanks to successful cultivation of oak mistletoe, last year we were able to make an anniversary gift of three mistletoe-bearing oaks to public gardens. Very important in cancer treatment, and very rare in nature, oak mistletoe is well known through accounts by Pliny of the rites of Gallic druids, and not least from the adventures of Asterix and Obelix. Thus there was willingness for us to plant a tree in the much-visited Merian Gardens near Basel, and an-



Planting a mistletoe-bearing oak in the Jardin Botanique de Genève.

other at the Ballenberg open air museum by Lake Brienz. The tree in Ballenberg will be included in the garden tours conducted there. Finally, and surprisingly, the centenary of mistletoe therapy coincided with the 200th anniversary of the Botanical Gardens in Geneva, and this was celebrated with the planting of one of our mistletoe oaks. These living gifts will grow ever bigger and more striking with each passing year, and we can be sure that the information boards about these rare plants will make a lasting contribution to publicising mistletoe as a cancer remedy.

Our botanical co-workers undertook a mistletoe harvesting trip in some secrecy this year, when the harvesting team drove to Normandy, to the historical mistletoe

oak at Isigny-le-Buat, to harvest mistletoe from this roughly 400-year-old, free-standing and monumental tree. Registered with us as number Q1, this oak provided the mistletoe for the first ever oak mistletoe preparation *Viscum quercus*, around 90 years ago. Back then it bore over 100 bushes, and today, despite lightning strike, and frost and storm damage, it still stands majestically on a meadow in Normandy and bears strong growths of mistletoe. Every Iscador Qu ampoule produced in 2018 will – albeit in hidden form – be marked by this historic tree, and testify to the healing impulse initiated a century ago.

Two innovative decisions by the Swiss health authorities coincided with our



Planting a mistletoe-bearing oak at Ballenberg open air museum.

new focus of research and development in 2017. In its meeting of 16 June, the Swiss Federal Council decided to include complementary medicine, and therefore also anthroposophic medicine, in obligatory healthcare insurance. And in October 2017, the medicines monitoring agency Swissmedic registered our latest product, an ointment based on fat-soluble parts of the mistletoe which we have developed for individual treatment of, for instance, carcinomas of the skin and its preliminary stages. With these promising «signs of the times», and with your support, we are now looking confidently toward a new phase in the development of complementary cancer therapy. ■

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Left: The legendary 400-year-old mistletoe-bearing oak near Isigny-le-Buat in France.



«Sources of Health» and mistletoe – a gathering in the Czech Republic

HANA GITEVA

Krummau (Český Krumlov) in southern Bohemia is a special place. For centuries this little town on the Moldau (Vltava) has been called the «Pearl of the Bohemian Forest», not only for its unique location in a loop of the Moldau but also for its cultural heritage. In 1992, UNESCO awarded the whole town centre the title of «world heritage site». Since then it has been under a conservation order. Its 300 historic houses with hill and castle complex are always a striking sight to visitors.

For the past eight years, a special anthroposophic medical conference has been held here each summer. Supported by the town council, the IPMT (International Postgraduate Medical Training) – which the Medical Section in Dornach organises in several countries – found a home here in this beautiful town after its first few years. In the Czech Republic we call this week «Sources of Health». Over 200 participants greatly value the serious work undertaken here and the warm-hearted atmosphere.

FOTOKLUB ČESKÝ KRUMLOV a Městské divadlo Český Krumlov Vás zvou na výstavu

FOTOGALERIE

Jürg Buess - Jmelí
léčivá rostlina mezi nebem a zemí výstava **121**

výstava pořádá od 4. července 2017 do 28. srpna 2017, galerie otevřena denně 11.00-22.00 hodin
Podporují Fotoklub ČR, Město Český Krumlov, Městské divadlo ČR, více na www.facebook.com/fotoklubceskykrumlov a www.fotoklub.cz

Picture on page 14: View of the castle and tower, Czechia's second-largest historical building after Prague Castle. The Moldau, as yet still small here, flows through the Old Town.



In August 2017, we invited Jürg Buess to set up an exhibition of his mistletoe photographs in the city's theatre, where the IPMT's evening lectures were held. These images of mistletoe became part of the unique mood of the conference, and the photos garnered much praise from participants and other visitors to the exhibition, also being much appreciated by the local photography club.



Besides the exhibition, Jürg Buess also gave a workshop about mistletoe production, attended by many people, who were sorry that he could not stay longer in Krummau!



There was a unique accord between «Sources of Health» and the mistletoe photographs. Bedřich Smetana's conjuring of the Moldau in music now carries with it a memory of these fine mistletoe pictures. Thank you so much, Jürg Buess, for your support!



For the Association of Anthroposophic Medicine in Czechia, and on behalf of the organisers of the IPMT in Krummau – Hana Giteva. ■



The market place, construction of which began at the start of the 13th century, with the later Column of the Virgin Mary.



Complete remission of skin melanoma metastases treated solely with high-dose mistletoe therapy

DR. PAUL G. WERTHMANN, DR. ALEXANDER J. F. HINTZE, DR. GUNVER S. KIENLE

Melanoma is the most dangerous form of skin cancer, and the number of new diagnoses is growing year on year. Risk factors for melanoma include, especially, repeated exposure to intense sunshine. Various studies have long since found that melanoma has a close – albeit complex – interplay with the immune system, and therefore, besides surgery, immune therapy is one of today's standard therapies, whereas chemotherapy plays only a minor role. Below we report on a case of melanoma that was successfully treated using only mistletoe therapy.

A 64-year-old woman was found to have early-stage melanoma in her left auricle. This was surgically removed. After about 4 years, the cancer recurred in the same place, and was removed once more. The patient then embarked on mistletoe therapy given as subcutaneous injections, 3 times weekly. But after about a year, a

PET CT scan found metastases in the left parotid gland and the central pulmonary lymph nodes (hilar lymph nodes), subsequently confirmed by biopsy. The patient was offered chemotherapy for this condition, as was still common then, and immune therapy, but she rejected this type of treatment and chose mistletoe treatment alone. Because the disease was advanced, intensive subcutaneous mistletoe injections were given, along with a mistletoe infusion every fortnight, and local injection into the parotid metastasis. The dose was gradually increased, with infusions of up to 2,200 mg mistletoe extract and local injections of up to 200 mg mistletoe extract. With this treatment, fever reactions occurred up to 39.4°C, along with reddening of the skin and swelling at the injection sites, these reactions however resolved within 2 to 3 days. After 24 months of intensive mistletoe treatment, all metastases were in



Picture 1: top: new diagnosis of metastasis in the PET CT scan; bottom: complete remission of the metastases after 24 months of intensive mistletoe therapy
 Photograph courtesy of the author

complete remission (see picture). In subsequent investigations, no further metastases were found. The patient is now in a good state of health, free of tumours, and with no functional impairment.

This case involved a very unusual form of treatment using high-dose mistletoe therapy. Extremely high doses of this kind should only be undertaken by very experienced doctors and with all necessary precautions, since allergic or pseudo-allergic side effects can sometimes occur. Complete remission of all tumour lesions is also very unusual. This was only a single case, and therefore treatment of melanomas should continue to be governed by the standard guidelines. ■

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Stabilising metastasised lung carcinoma through application of Iscador and Homeopathy – a case study from India

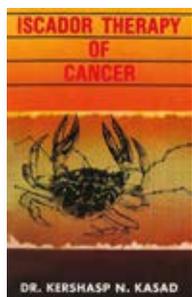
DR. STEPHAN BAUMGARTNER, DR. RAVI DOCTOR

Dr. Rita Leroi, who for many years was director of the Lukas Klinik and Hiscia Research Institute, travelled to many parts of the world to publicise anthroposophic mistletoe therapy. She visited America, Australia, New Zealand, Africa, Japan and India and gave countless lectures to introduce non-anthroposophic physicians to Iscador treatment. In 1977, one of her lecture tours took her to India, where she was met with very great interest. As a result of her lectures, her many discussions with Indian physicians, and study trips by Indian doctors to Arlesheim, a textbook on Iscador therapy (picture 1) by Dr. Kasad was published in 1990, and was for a long time the most important English-language manual on the subject.

In India, complementary medical approaches such as Ayurveda, yoga and homeopathy are widespread. Like con-

ventional medicine, these medical methodologies can be studied at universities and are integrated unreservedly into the Indian health system. Homeopathic physicians in India have shown particular interest in Iscador treatment. Many saw that a combination of classical homeopathy and Iscador could lead repeatedly to astonishingly successful outcomes.

One of these physicians was Dr. D.P. Rastogi, at the time also director of the state-run Central Council for Research in Homeopathy, New Delhi. As a result of his experiences, he ran an observational study between 1984 and 1990, comparing three different treatment strategies for cancer: one group received Iscador treatment only, another group only homeopathic remedies, and the third group was treated with Iscador and homeopathy. A combination of Iscador and



Picture 1:
The Indian manual on
Iscador treatment by
Dr. K.N. Kasad



Picture 2: X-ray of the lungs on 5 August 2016 showed a shadow in the right infra-hilar region, with enlarged lymph nodes.



Picture 3: X-ray of the lungs in December 2016 showing no abnormalities in either lung field and no shadow in the right infra-hilar region.

homeopathy led to improvement in the symptoms of 71% of patients compared with 57% of those receiving only Iscador treatment, and 42% of those receiving homeopathy only. ⁽¹⁾

Today in India are still physicians who combine Iscador with homeopathy to treat cancer. One of these is Dr. Ravi Doctor who runs successful complementary cancer consultations at Saifee Hospital in south of Mumbai, a large, conventional hospital. In this way an affordable complementary cancer treatment can be offered to many patients, including the underprivileged. Dr. Ravi has sent us the following case study.

Case study

Dr. Ravi Doctor, Mumbai, India
(Summarised by Dr. P. Zibulski and
Dr. I. Brachmann)

Presentation:

A 75-year-old female patient attended a consultation at Saifee Hospital in August 2016 because of a dry cough that had lasted three weeks, shortness of breath and chest pains. X-rays and subsequent CT scans revealed shadows in the right lung and enlarged lymph nodes (picture 2), and investigation of pulmonary mucus ascertained atypical epithelial cells that suggested an adenocarcinoma. Adenocarcinomas are non-small-cell tumours arising in glandular tissue. Since such tumours can attack many different organs, a whole-body PET-CT scan was

undertaken to locate the primary tumour, suspected to be in the lungs. Adenocarcinomas of the lungs with mediastinal metastasis often spread further and substantially impair a patient's quality of life.

Treatment:

First three months, Iscador M series 0, 1 subcutaneous injection in rising dose from 0.01 mg to 10 mg, every second day, plus the homeopathic remedies Cobalt C6 and Arsenic Album C200 daily. Second six months: Iscador M series 2, subcutaneous in rising dose from 5 to 20 mg, every second day, plus the homeopathic remedy Cobalt C6 daily.

Outcome:

After three months, coughing, shortness of breath and chest pain had markedly reduced, and no tissue changes were apparent any longer in the x-rays (picture 3). After nine months, in May 2017, a whole-body PET-CT scan was again undertaken, and revealed that the lesions in the lungs had not changed since the results nine months previously, and that no further metastases had arisen in the body.

This course of treatment achieved stability in the patient's tumour situation, and since then she has been living in a good state of general health, without impairment of her quality of life. ■

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What is the right course of action? Complementary and alternative medicine in the recovery plan of breast cancer patients

DR. ULRIKE WEISSENSTEIN

Many breast cancer patients use complementary and alternative forms of treatment as an integral part of their treatment and recovery. With their sense of autonomy and control, they want to help support the process of healing and reduce the risk of relapse.^[1, 2]

But how do such women decide on methods which, in the current scientific terminology, come under the CAM umbrella (abbreviation for «Complementary and Alternative Medicine»). What motivates them to choose CAM? What problems do they encounter in their decision-making process? Where do they turn for support, and who gives it to them? And lastly, what outlook should health experts develop so as to recognise and meet their patients' needs? All these questions have been explored in various scientific studies and interviews with breast cancer patients and physicians (see Literature). This article summarises the outcomes and answers.

Breast cancer patients often decide to explore CAM options shortly after their first diagnosis. For the sake of their health, they want to do something that accords with their knowledge and belief. Shortly before the start of conventional therapies, however, patients are often anxious and uncertain whether and when they can or should use CAM. Conventional medical practitioners often do not acknowledge its value, or regard it as a side issue. They justify this by the lack of clear scientific evidence for its efficacy, thus considering its use might be risky. For this reason, conventional physicians and professionals are often sceptical and thus hesitant even to discuss the theme of CAM with patients.

For their part, though, patients seek something that augments and rounds out conventional medicine. They hope that CAM will satisfy needs not adequately met by it. CAM procedures include holistic approaches to healing, acknowl-



edgement of the unity of body, soul and mind, and the importance of psychological well-being. This is the point of departure for biological, physiological, psychological, energetic and spiritual therapies. The very terms health and recovery are also usually interpreted and assessed in ways completely different from conventional medicine.

These differences of view also mean that patients are wary of broaching the subject of CAM with their conventional treatment team. They do not want to be criticised for their interest in CAM, or to be given one-sided or limited information about it. The consequence of this is that many women who use CAM conceal this from their consultants.

The decision to use CAM is usually a dynamic and recurring process. Experience teaches us that after surgery and start of adjuvant therapies, patients once more begin to engage with CAM and to consider whether they will include it in their ongoing treatment; or else they only begin with it after standard treatment has finished. At this point they often feel a little safer and have more trust in their own capacity to make a decision.

The first step is to find a suitable form of CAM treatment. Here the most varied information sources are used, such as personal social networks, health advisors,

public media, fellow sufferers, self-help groups etc. For patients the most important thing is the credibility of information. They will therefore seek confirmation of their intended course of action from serious, trustworthy sources such as physicians, alternative practitioners and medical journals. Most patients wish their consultant oncologist knew something about CAM and could give them support and advice on the subject.

Having found a suitable form of treatment, patients often embark on a confusing search for detailed information, and one of the chief problems here is the overwhelming quantity of it. Information is often also contradictory or even drastically divergent as regards statements about safety and benefit. The conflict this engenders, especially caused by the deep divide between conventional treatments and CAM, will often be a cause of anxiety, frustration and stress about the risk of making the wrong decision.

The decision will be influenced by various personal and social factors. Significant here is a patient's previous knowledge and awareness of potential health-related factors and benefits, and their influence on the side effects of conventional cancer treatments; their previous experiences with CAM; their feelings about the nature of health and illness; and the need to take an active role in the process of recovery.

The experiences of friends, acquaintances and other patients will also contribute.

The strategies that lead to a decision are also very individual. While some patients have a great need to use CAM, they are greatly affected by the conflict between such approaches and the conventional health system, and therefore do not initially resort to CAM, preferring instead to turn to it once standard therapies have concluded.

Other patients, often those with little or no experience of CAM, rely on the advice of their mainstream consultant. They are less likely to use CAM, or they consider using fewer types of it, since they fear there will be risks. Scientifically proven CAM methods, or those that are not disputed, such as acupuncture, massage and meditation, will therefore be on their list. The risk of interactions means they tend not to consider biological CAM procedures. By selecting carefully in this way, patients are less subject to conflict. Well integrated and supported by their social network, they place greatest emphasis on safety and certainty.

Yet another group of breast-cancer patients prefer a therapy individually tailored to their specific needs. They will have used CAM in the past, and their focus is less on their cancer as such and more on their general wellbeing. They are less involved

in a search for information, and scarcely mention «research findings» or the internet. The approach of these women is to connect everything in a whole. They regard CAM as essential for their physical, psychological and spiritual health, and for overcoming the side effects of conventional cancer treatment. They are sure in their decisions, and not liable to conflict, even if conventional physicians disapprove of or even dismiss their chosen course. For them it is not essential to reconcile the two perspectives. Instead, they do what makes sense to them, and seek out the people who can help them in this. Trusting in the recommendations of people in their own social network, these women continue with CAM treatments even when cancer treatment has finished, as an intrinsic part of their life. They create for themselves an integrative careplan that is tailored to their personal needs. ^[3-5].

So how can health experts help take better account of the needs of their patients? Doctors today have to spend ever more time dealing with bureaucracy and meeting the requirements of health insurers, which can often lead to stress. This is time that is taken away from patient care: time for a human-scale medicine that upholds values such as integrity, empathy, altruism, respect, service and intuition, both in the relationship with patients and in interaction with members

of the healing professions. A humane professional stance involves respect for patients' values, autonomy and cultural and ethnic background. Humanity is the heart of medicine. It is important to engage with, and discuss another's actions and decisions and to empathise with the complexity and uncertainty they may be facing. There is a difference between curing and healing. The physically discernible aspect of a disease is what is «cured» – and here the focus is on eliminating symptoms and signs of the illness. But to heal we must focus attention on all the effects of the disease on the patient, not only physical impairment, including social, psychological and spiritual aspects.

An integrative medicine that seeks to combine important aspects of mainstream medicine with CAM, as well as a humane and transparent doctor-patient relationship, will do much to take account of patients' inner and outer needs, and help avoid unnecessary anxiety, stress and conflict [6, 7]. ■

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Envisioning a new art of medicine

JEREMIAS DOTT

Jeremias Dott studied medicine at Witten/Herdecke University. Now writing his doctorate at the Society for Cancer Research, he is currently investigating the force-field actions of potentised medicines. As a trainee physician who has also taken courses in anthroposophic medicine and osteopathy, he here presents his vision of a possible future for medicine.

Needs and hopes in the health system

Medicine is currently in the midst of change and upheaval, and the question of how things will develop in the health system in future is of great importance for all of us. What will we encounter if we ever need help, when illness and suffering enter our lives? Who will be there to help? What stance and outlook will we meet with? Will I feel trust and security? How profoundly will my need for healing be addressed?

For all those who work in the healing professions, too, the question of medicine's further development is of key importance. For me as a doctor close to finishing my medical studies, the following questions arise: how much space do I have for the kind of work I wish to do? What means

are available to me? Will I be constrained and curtailed in my work? Will I find support for the courage I wish to develop as a physician, the «will to heal»?

Development is a phenomenon that arises in all realms of life; when freely affirmed, it is the very embodiment of health. But naturally we must still ask what direction developments are going in.

If one asks people who are currently receiving treatment within the health system, 69% of Swiss patients say they would like to see more emphasis on human values in medicine, while 58% wish for more alternative medicine. Only 27% ask for an increase in primary health-care and only 21% for more high-tech medicine. In the general population we can see a growing need to be perceived and treated holistically ⁽¹⁾. People are looking to complementary medicine for what they feel is lacking in conventional medicine ⁽²⁾.

As far as the needs and future visions of those working in the medical professions are concerned, in conversations with many students and professionals I hear the wish expressed to really focus on healing and to have more space to meet patients fully.



It seems to me that both patients and therapists see very much eye to eye about what they feel needs to happen between them.

What is preventing a healing health system?

Nevertheless, the debate about developments in the health system is currently dominated above all by visions that will do anything but cultivate health. The faces of those who discuss these matters darken as they do so. There is so much currently at work in the health system that will cause pain to those who are aware of it: «cost effectiveness» measures, growing legal pressures, pathological digitisation, zero hours contracts, power-wielding by industry, run-away hightech medicine, shortage of care in large parts of the world, increasing shallowness in the therapeutic encounter, and ever less time for it. Most of those with an idealistic outlook are losing hope that the health system will flourish and develop in positive ways.

Who is responsible for all this? A difficult and rarely illuminating question. Sometimes frustration is directed at economists and politicians, or sometimes at everyone in general; or else human nature itself, and its failings, are thought to be the cause; or then again some professions are thought to be more at fault than others; or perhaps it is not people at all but the whole system that bears responsibility.

Depending on your point of view the blame may be laid at many different doors. I believe we need an integral view

of these issues, one essentially constructive and solution-focused. And this is the perspective I would like to present here, to the best of my ability.

I want to formulate a fundamental vision for a purposeful health system, and how this can develop in the social realm between those who work in the healing professions. I do not believe I am summoning some abstract set of values here, but am simply putting into words what everyone secretly desires: to truly love and to be loved.

I'd like once again to describe my own impressions of the daily reality in clinics and larger health system institutions.

I often feel and sense the unhappiness of those who work in the system as it is at present; they suffer, for instance, from rigid guidelines in their daily work, from difficult interpersonal relations in their team, and from prohibitions on a free encounter with patients.

But it is not only the idealists, it seems to me, who are suffering dissatisfaction. Those who do not complain about the lack of holism in patient care, or long for a generally healthier and sounder world, also especially reveal their frustration and personal suffering in relation to their work. I believe that many of them may not clearly sense what the cause of the problem is.

This comes to expression in anger, aggression and sadness, rarely given free rein as

feelings but suppressed and present just under the surface of social encounters (however much people still try to be polite and friendly). The social atmosphere in the health system is often burdened and charged with these undercurrents.

I think this is due not only to stress or irritations in the workplace but because so many of those who work in the health system are not doing what they really want. They may unconsciously recognise that their work does not give rise to peace or satisfaction, and naturally this is especially frustrating for those who have chosen to work in a healing profession.

What constitutes the core work of healing?

But what does it really mean to work in the healing professions? What is a cure really? How can one find space for deep curative work? What prevents healing in us, in the world and in the other? Just some of the never-ending questions that arise if we truly embark on the path of healthwork.

For me, a healer working at a deeper level is characterised by a stance of honest questioning of the phenomena in their search for what will heal. Alongside open-mindedness and free exchange between the therapist and patient, the therapist needs an unwavering intentionality, lovingly focused on healing, and allowing nothing to distract them from this focus.

But what does this big word «healing» actually mean? It is not easy to find a

general answer to this; ultimately healing has many faces: what harms one person is what another may need.

One key characteristic, though, is the capacity to integrate something which previously was seen to be alien or out of context at a physical, soul or spiritual level. If someone succeeds in experiencing something as belonging to them, in establishing a relationship and engagement with what was supposedly alien, then following such a process a new picture becomes apparent, one of integration facilitated by the patient's organisation. It seems to me a key principle of healing that we find a broader, larger perspective which encompasses and includes our former perspective.

But how do these general criteria become true for each individual?

Gerhard Kienle (founder of Herdecke district hospital and Witten/Herdecke University) emphasises the need for loving focus on the individual: ' [...] the highest idealism only has a human face if I engage with each specific person and, out of my encounter with them, and out of respect for their freedom, ask what questions arise for me in this encounter. Not, «How do I make this person happy in general?» But: «What questions arise from their sphere of freedom, and what can I do to help them realise themselves within this situation?»⁽³⁾

I have been fortunate to repeatedly meet inspiring individuals in the healing professions and to observe them in their work.

In my view such people have made the stance formulated by Gerhard Kienle their own – and this was what chiefly struck me about them, alongside their wide knowledge, many skills and other achievements.

The question always arose for me as to why such an approach cannot be replicated everywhere; why do only isolated individuals inspire me as a trainee doctor? Why is this not a general consensus, so that what inspiring individuals have recognised becomes more widespread practice?

To examine this, I'd like to consider the health community and the way it is structured. And here I will formulate a vision – though one I believe could be realised, and in fact must inevitably come eventually. I do not mean some specific Utopia, such as how remuneration might be differently organised, or what therapeutic measures could be comprehensively introduced – for a single person cannot conceive all the ramifications of change on their own. My vision, rather, is a human starting point, a fundamental stance and a view of human moral development, and how this can be realised in the social organism within the health system.

My vision

My question concerns a healing and therefore functioning health system in which I am glad to work as a colleague, in which meaning and purpose is a clear experience for myself and others, and in which new curative potential and responses to illness are possible.

I will imagine myself actually in this kind of healing place in a medical establishment of the future. I will describe what impression the work processes and the people there make on me:

I see before me a health system in which all who work in it share common ground, a uniting focus, governed by the most illumined quality human beings are capable of: love.

Thus it is a health system centered on unconditional love for all creatures, since it is apparent that love is healing, and that love is always present where healing happens.

At the same time it is understood that an individual must travel a path in order to actually cultivate this stance. It is clear that we repeatedly make mistakes, are blind, and, despite the best intentions, act destructively, precisely because we ourselves are all wounded and bear within us unheard pain.

That is why we help each other to discover, individually, what the most loving thing would be to do in the situation in which each person now finds themselves.

We have learned that certain skills are needed to be able to recognise the most loving way forward and what may be hindering it, and that each person must pursue an individual path of emancipation to free themselves from dysfunctional patterns and reactive modes of behaviour.

We have acknowledged that it is an absolute priority that people who are serving others, that is, working in the health system, work very particularly on this.

For this reason, in clinics and also in out-patient departments, structures for this have been put in place. For example, group processes are undertaken with the whole team, in the course of which those somewhat further advanced on the path of development help others to relinquish their patterns and shadows so as to be able to work more lovingly.

Ken Wilber describes the nature of the «shadow» as follows: «One of the great discoveries of modern Western psychology is the fact that, under certain circumstances, 1st-person impulses, feelings, and qualities can become repressed, disowned or dissociated [...and turn into] neurotic symptoms, the shadows of a disowned self. If the negative qualities of another person [...] obsess me, infuriate me, inflame me, disturb me, then chances are that I am caught in a serious case of shadow-boxing pure and simple.»⁽⁴⁾

Resolving and healing this process is called «shadow work», though we could equally well speak of «light work» since this is ultimately about releasing and revealing our real selves.

This embodies a kind of self-healing of the health system itself, leading to an en-

tirely different working atmosphere and undreamed of new possibilities of therapeutic and organisational practice since, with this orientation, people are able to think in much more far-reaching ways, passing from a merely egocentric outlook to a global or even cosmo-centric one, also in accord with human evolution as anthroposophy describes it.⁽⁵⁾

Here I see possibilities for individual healing at present inconceivable, irrespective of further developments in medicines and medical technologies. These possibilities arise simply because human encounter, and the discovery it allows of what underlies a process of pathology, have become intrinsic to our therapeutic work.

The people who work in this future health system are no longer driven by disowned aspects of themselves, or involved in secret conflicts, but at all times open to perceiving anew what might lead to a more loving path of development for an individual patient.

It seems to me that only then will we have the key to actually realising anthroposophic medicine.

I know all this sounds far-off; but the vision of it is the first step; and it is one that I and others wish to dedicate our lives to realising.

Since I am aware that such a comprehensive change to social culture cannot be

introduced in general terms, I'd first like to bring it about in a specific place, and then invite the world to see the results.

Of course, the development of social relationships I have briefly outlined is not confined to medicine; but it is there, I think, that one could directly see and experience the healing effect of such social renewal on individual patients, and thus gain trust in new forms of interaction with each other.

These developments are therefore not limited to a single area of society but will also of course extend to all other strata of life such as agriculture, family, community living, pedagogy, science and much more: and thus we can evolve a new culture and make the world into a more loving place.

To do this we need many courageous people who will dare, firstly, to undertake such personal transformation, and secondly will resolve to offer their gifts to the world in community and collaboration with others.

I am confident we can do it. ■

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Two new preparations for use in oncology practice – from the Pharmaceutical Development department of Hiscia Research Institute

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Viscin ointment: *Viscum album*, Resina 10%, Unguentum

Last year, in a long developmental process, an important interim goal was reached for a new mistletoe ointment. In October 2017, the Swiss Medicines Institute Medic issued market registration for the ointment *Viscum album*, Herba, Extractum resinosum 10%, Unguentum. The registration of this preparation as an anthroposophic remedy is of particular importance in several respects.

This mistletoe resin preparation means that a new active constituent of mistletoe, known as Viscin, can now be used in clinical practice. Because it is not water-soluble, this mistletoe substance is not contained in otherwise generally available aqueous mistletoe extracts.

The development work on this new ointment can ultimately be traced back to results of Rudolf Steiner's spiritual-scientific research. His references to the mistletoe's 'lime substance' as an impor-

tant constituent of a cancer remedy, is one that the Society for Cancer Research took up in its own studies and trials. Anthroposophic-Goethean studies on recording the formative forces manifesting in this substance, analysis of its chemical composition, and pharmacological measurements, showed that this resinous substance has great therapeutic potential. Eventually, it proved possible to show for the first time in clinical practice that an ointment based on this mistletoe resin, a substance typical of mistletoe, has an anti-tumoral action. It had surprising efficacy in treating patients with basal cell and squamous cell carcinomas, and actinic keratosis. Thus new weight is given to the foundations of mistletoe therapy as described by Rudolf Steiner, and the methods of enquiry leading to it, which he detailed.

Registration of this new preparation is evidence of the fact that, despite strict regulatory controls on medicines registration, it is possible in Switzerland to introduce newly developed anthroposophic medicinal products into medical practice.



This is due to the efforts of many different professionals who have done enormous work in the expert committees of medical associations and health authorities on new constitutional and regulatory clauses relating to the implementation of complementary medicine in Switzerland.

The charitable Society for Cancer Research undertook development of this new preparation. The usual funding model based on an exclusive patent is not possible in this case since a natural substance such as mistletoe resin cannot be patented.

The example of Viscin ointment demonstrates that, due to the current legal situation, the development of new anthroposophic and herbal medicines and preparations is primarily the task of charitable institutions. The Society for Cancer Research regards this task as one of its central activities.

**The robinia mistletoe preparation:
*Viscum album Robiniae***

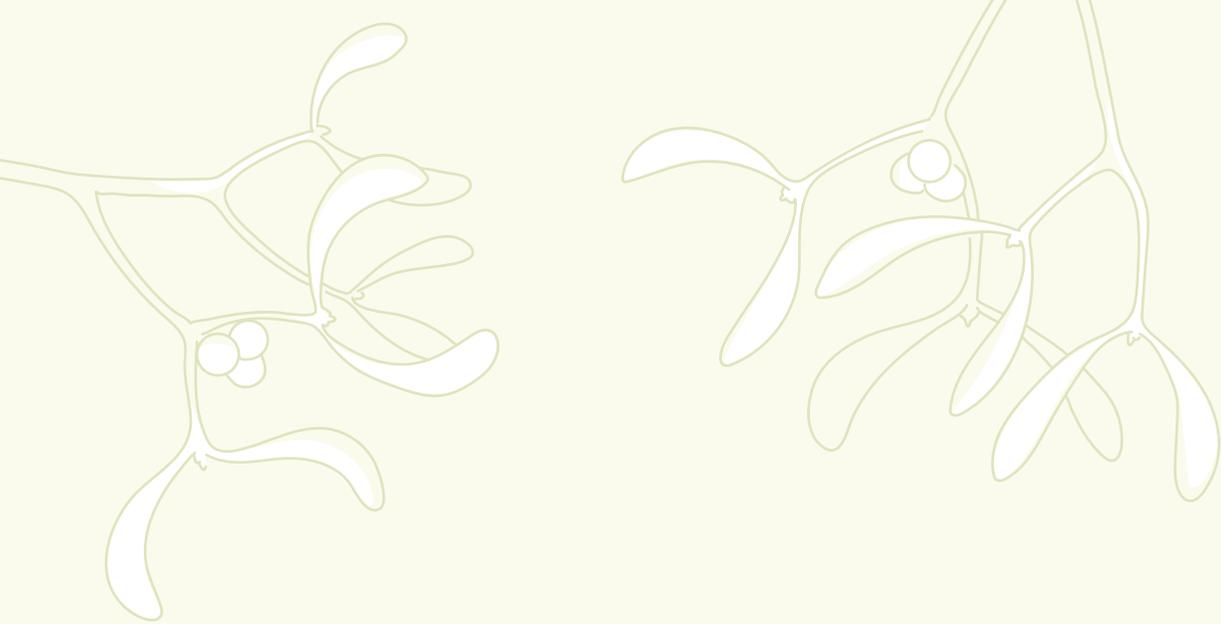
Clinical observations show that different host-tree-based mistletoe types have different effects. Picture-forming study methods give a striking sense of the way in which a host tree configures the mistletoe extracts (see the 2017 report, Claudia Scherr, p. 74ff). Rudolf Steiner's suggestion to use different species of host-trees in treating cancer patients has proven to be an essential basis of therapeutic potential.

Below we describe the distinctive qualities in mistletoe from an especially outstanding host tree: *Viscum album* on *Robinia pseudoacacia*. These discoveries have led to the development of a new mistletoe preparation «*Viscum album Robiniae*», which, thanks to the good collaboration between the Society for Cancer Research and Klinik Arlesheim, can be obtained by doctor's prescription as magistral product from Klinik Arlesheim's pharmacy.

On our trips to discover and harvest mistletoe in France, home of Europe's most concentrated mistletoe stocks, we found that mistletoe from deciduous trees (*V. album ssp. album*) is chiefly to be found on these three host-tree species: apple (*Malus domestica*), hybrid poplars primarily planted on moist ground (*Populus* sp.) and robinia (*Robinia pseudoacacia*). It is noticeable that these three host trees, which carry the majority of mistletoe in France, result from human cultivation. Thus mistletoe's ability to spread freely and exist in large quantities in a landscape has first arisen through, and follows, human culture.

The robinia – also known as false acacia – was introduced to France from North America at the beginning of the 17th century by the gardener to the royal court, Jean Robin. Its copious and beautiful flowers and its tough wood meant that it soon became widespread throughout Europe. Easily adaptable, it showed itself very tolerant of air pollution (smoke,

Picture on page 40: Harvesting mistletoe from a robinia



soot, dust) and salt discharge. Thus it is highly suitable for planting in industrial areas and along streets, and proved itself an ideal accompaniment to the industrial development that was starting up at the time.

This host tree offers ideal conditions for mistletoe. Already from a distance we can discern the usually perfectly spherical form of mistletoe in the airy crowns of robinia trees, and see its vigorous, dark-green shoots and fleshy leaves. This testifies to a rich source of nutrition on this special host tree. Nitrogen-fixing bacteria in the robinia root network can supply the host tree with atmospheric nitrogen in an organically bound form.

This accent on nitrogen is apparent for instance in the rapid growth of the robinia even in poor soils, but also in the profusions of hanging blossom everywhere on the tree, emanating a heavy, sweet fragrance. Nor should we overlook the thorns, up to 3 cm in length, which stand in strange contrast to the small, soft leaves. This nitrogen-rich character is transferred to the mistletoe, leading

to its high protein content and correspondingly high concentrations of the pharmacologically important mistletoe lectins and viscotoxins. Special account should therefore be taken of this typical quality of robinia mistletoe in the overall context of its action in cancer treatment. A notebook entry by Rudolf Steiner pointing to the possibility of using robinia mistletoe for laryngeal cancer seems to us to be of special significance. The manufacturing process, in line with that used for Iscador, involves combining fresh plant extracts from summer and winter mistletoe to create the medicine. ■

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Research and Development at the Society for Cancer Research

PD DR. STEPHAN BAUMGARTNER

Research and Development at the Society for Cancer Research comprises five departments at Hiscia Research Institute: Pharmaceutical Development, Tumour Biology and Pharmacology, the Pharmaceutical Processes Working Group, the Botanical Department, and Clinical Research.

Pharmaceutical Development (Dr. Jakob Maier, Dr. Konrad Urech, Devika Shah, Dr. Petra Zibulski, Charlotte Richard) is concerned with the development of new medicines for treating cancer based on anthroposophic medicine and pharmaceuticals. The department's current focus is on a fat-soluble mistletoe extract processed as medicine in various forms. Most progress has been made so far with an ointment for external application, which has proven successful in treating individual cases of actinic keratosis, basal cell carcinoma and squamous cell carcinoma. A further project concerns specific pharmaceutical realisation of an original formula conceived by Rudolf Steiner for the external treatment of exulcerating tumours. Additionally, in collaboration with the Botanical Department, we have been evaluating the potential of less commonly available host-tree mistletoe preparations, such as extracts of robinia mistletoe.

The department of Tumour Biology and Pharmacology (Dr. Ulrike Weissenstein, Florian Pelzer, Bettina Leonhard) is studying the active constituents of mistletoe preparations and their possible interactions with conventional medicinal products. Interest focuses here, among other things, on cellular processes underlying the positive action of mistletoe extracts in cancer-related fatigue and exhaustion. Specifically, we are investigating the effect on muscle-cell metabolism, the process of autophagia, and on the general stress response of cancer cells. Further investigations are being undertaken on the interaction of complementary cancer therapies, exemplified by mistletoe, with hormone and checkpoint inhibitor therapy.

The Pharmaceutical Processes Working Group (Dr. Claudia Scherr, Dr. Maria Olga Kokornaczyk, Christoph Jäggy, Jeremias Dott, Viola Schulz) investigates the effects and active principles of specific pharmaceutical processes in complementary medicine. These include, first and foremost: the mixing process proposed by Rudolf Steiner whereby summer and winter mistletoe extracts are mixed on a rapidly rotating disc, with the aim of enhancing the efficacy of mistletoe extracts (dynamisation); homeopathic potentising,



rhythmicising, eurythmicising and ashing processes. These studies use adapted bioassays and «picture-forming methods» to arrive at a holistic characterisation of investigated samples. The methods thus developed are used to study the effects of these pharmaceutical methods and to determine the corresponding mode of action.

The Botanical Department (Dr. Hartmut Ramm, Mirio Grazi) is primarily concerned with sustainable cultivation of mistletoes on specific and rare host trees, along with anthroposophic-Goethean studies of mistletoe and a range of other medicinal plants relevant to anthroposophic oncology. Currently interest is focused on the cultivation of oak, elm and apple mistletoe. Here we are trying to keep enlarg-

ing naturally limited stocks, to safeguard existing developed stocks against newly emerging infectious plant diseases and generally to continually improve the quality of mistletoe as the source material for manufacturing of medicinal products. In regard to the last, we are investigating the effects of biodynamic procedures in mistletoe cultivation as well as the influence of soil parameters. A further project involves characterising the mistletoes of diverse host trees using modern analytical methods (metabolomics).

In Clinical Research (PD Dr. Stephan Baumgartner, Dr. Marcus Reif, Dr. Wilfried Tröger, Florian Pelzer) the focus is on the efficacy, safety, tolerability and economic viability of anthroposophic oncology. Clinical emphases involve studies of pancre-



atic cancer, colorectal cancer and breast cancer. We use a broad range of methodologies, from randomised clinical trials through cohort and register studies to case series and individual case studies. In addition, systematic reviews, meta-analyses and pharmaco-economic studies are undertaken. Alongside human application, use of mistletoe in veterinary medicine is also being evaluated.

In all five departments, projects are undertaken in collaboration with university and other qualified research institutes. In Switzerland, these include the universities of Basel, Bern and Neuchâtel, Zurich University Hospital, Clinic Arlesheim's research department, the Research Institute for Organic Agriculture in Frick; in Germany, Witten-Herdecke University,

Freiburg University Clinic, Berlin's Charité Hospital, and the Society for Clinical Research in Berlin; and elsewhere the universities of Paris, Belgrade and Rio de Janeiro. This collaboration has proven to be very fruitful and is to continue in future. ■

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Translator:

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Design and layout:

Franziska Mbarga

Printing:

bc medien ag, Münchenstein

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Picture credits:

Jürg Buess: (1, 4, 7, 8, 9, 10, 11, 12, 13, 14,
15, 16, 17, 18, 21, 22, 26, 32, 38, 40, 43,
44, 46, 47)

Photograph courtesy of the author: 20

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