

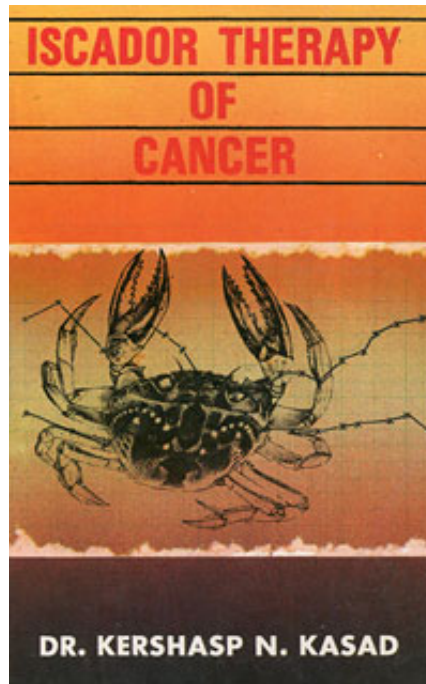
Kershasp N. Kasad Iscador Therapy of Cancer

Leseprobe

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INTRODUCTION

The pages of human history are full of the ravages of human diseases since times immemorial. Throughout history, at various periods, certain diseases have been feared most by humans. The nature of illnesses varies with varying periods of human evolution. In ancient Biblical times the -disease most feared and abhorred by the general population was Leprosy. During the Middle Ages and the Renaissance in Europe, the dreadful disease was the Bubonic Plague or the "black death". In the eighteenth century Syphilis was widely prevalent; during the nineteenth century the major killer that caused the most human suffering was the "white death" or Tuberculosis. In the twentieth century, especially as a result of the advances of the sciences of microbiology and pharmacology, infectious diseases do not play the major role in the "developed cultures", that they did in the past centuries. Tuberculosis and Syphilis have given place to degenerative and neoplastic disorders in the present century - pre-eminently Coronary Heart Disease and Cancer. Every one out of five or six human beings dies of cancer. Today this disease strikes fear in the hearts of most lay persons. The impact of the fear of the disease was succinctly described by Glenn Frank, President of the University of Wisconsin, at a symposium on cancer given at the University of Wisconsin School of Medicine—in 1936.'

"But not all these tragic consequences together are the worst evil wrought by cancer. For 'everybody' that is 'killed' by the 'fact' of cancer, multiplied thousands of 'minds' are 'unnerved' by the 'fear' of cancer. What cancer, as an unsolved mystery, does to the morale of millions who may never know its ravages is incalculable. There is an incidence of cancer that cannot be reached at by the physician's medicaments, the surgeon's knife, or any organized advice against panic."

There has been an actual increase in the incidence of cancer, partly because of the increasing age of the citizenry and partly because of increasing environmental pollution. Clearly, the older age groups are more frequently struck. The increasing incidence of cancer deaths, third in line after the cardiovascular and accidents as the chief causes of death, has led to the development of various theories of cancer from time to time and corresponding therapeutic attempts at possible cure and prevention. The philosophy of Life prevalent in any particular epoch in human history governs medical thinking and consequently the therapy in that epoch. As Life gradually unfolds more and more its patterns and operations to human perception under the impact of the Evolutionary Impulse, so does the philosophy of Life correspondingly alter, and along with it Medical Concepts and Therapies. It would be in order, that, a brief historical survey of cancer in medical history is made.'

In all likelihood, all multicellular organisms are afflicted, or have the potential of being afflicted, by the disease we call "cancer". Paleopathologists have demonstrated that neoplastic lesions have occurred in dinosaur bones long before the advent of "Homo sapiens". Cancer has been with us for much of the evolutionary period of life on earth in view of the numerous reports of both spontaneous and induced neoplasms in both plants and animals, vertebrates as well as invertebrates. In the hieroglyphics of the Edwin Smith papyrus dating back to more than 1600 B.C., a distinct reference is made to the clinical tumour in ancient Egypt; in addition, autopsies of mummies have shown the existence of bone tumours and the probability of other neoplastic processes. Hippocrates (460 B.C.) clearly recognized and described neoplasms, such as cancer of the stomach and uterus. He coined the term *carcinoma*, in contradistinction to the *terma*, which included benign tumours, piles and chronic ulcerations. He considered the disease to be caused by an excess of black bile manufactured by the stomach and the spleen, and not by the liver. This concept of cancer causation remained the predominant theory for almost 200 years. Galen, 600 years later, distinguished 3 categories:

"Tumours according to nature" -such as breast enlargement with normal female maturation.

"Tumours exceeding nature" -callus formation in the fracture of a bone.

"Tumours contrary to nature" -which we today define as neoplastic growths.

Galen also suggested the similarity in gross outline between a crab and the disease cancer. The concepts of Hippocrates and Galen dominated the medical practice during the Middle Ages. With the advent of the Renaissance and during the 17th and 18th centuries, surgery became extensive, especially of the breast. Ramazzini conceived of "occupation-associated cancer" in opposition to the "black bile theory"; he related breast cancer among nuns to celibacy. John Hill of London in 1761 suggested tobacco snuff as the cause of nasal polyps. Anatomist Bichat suggested cancer to be an "accidental formation" of tissue. Some 17 years later, Johannes Mueller extended the findings of Bichat by utilizing the microscope and demonstrated that cancer tissue was made up of cells. Rudolf Virchow extended the descriptive knowledge of cancer and pointed out the relation between chronic irritation and cancer. It was not until the nineteenth century that the physicians and scientists began to study cancer systematically and intensively.

Two possible pathogenetic bases for the origin of cancer were proposed at that period:

1. Normal cells converted to cancer cells (Laennec -"every cell arises from a cell of the same kind").
2. Cancer cells exist from embryonic life, but do not express themselves until later in the organism's existence. (Julius Cohnheim in 1877 advanced the "embryonal rest theory" of cancer).

Introduction

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Recamier in 1829 introduced the term *Metastases* and showed how cells infiltrated from primary cancers into blood and lymphatics. Waldeyer demonstrated that metastases were the result of cell emboli. With the advance in knowledge of the biology of human neoplasia, experimental oncology emerged as a separate branch of knowledge. Experimental tumour transplantation was initiated shortly, after the mid-nineteenth century; by 1900 some animal neoplasms had been carried through many generations of graft. During the nineteenth century, three main categories of hypotheses emerged in regard to the origin and development of cancer :

1. The Irritation hypothesis - includes chemicals and radiation.
2. The Embryonal hypothesis - e.g. naevus or mole, and teratoma in the adult.
3. The Parasite hypothesis - infectious origin.

The twentieth century witnessed the enormous expansion of these three categories of hypotheses of cancer origin, especially in the field of physical, chemical and viral carcinogenesis. There has been an alarming rise in the incidence of Cancerous and Degenerative Disorders with a concomitant fall in the incidence of Infectious and Communicable Diseases.

These concepts of disease causation, especially cancer, in the present century and the earlier centuries reflected the Realistic, *Materialistic View of Life*, as compared to the *Idealistic View of Life* of the past centuries. The former was based on the Mechanical, Materialistic and Deterministic Model of the Universe as favoured by Newton and Descartes. The researches of Morgagni (macroscopic Pathology) and Virchow (cellular Pathology), as well as of Pasteur and Koch (Bacteriology) are an illustration. Therapeutic management followed the 'magic bullet' of Ehrlich, and later discoveries of Domagha, Fleming, Wakesman, Kendall, Hench and others. The Mechanical Model proved incompetent to accommodate the discoveries of Ernest Rutherford (Radioactivity); Max Planck (Quantum Theory) and Albert Einstein (Relativity Theory) unlocked the secrets of the Atom. New Physics contributed the Principle of Indeterminacy (Heisenberg), and the Dynamic, Holistic/Integrated Model of the Universe with inter-relatedness of the parts to the whole and the whole to the parts in a complex unified web (Fritjof Capra). This was a new interpretation of Causation which departed materially from Mill's position. Particle Physics opened up newer horizons.

The Materialistic View places the physical body of man, and the Cell as the centre and cause of disease including cancer - dissociating Man from the Cosmos, of which he forms an integral part. This concept also dissociates Man from 'Himself - his own inner nature of Soul and Spirit. The generally prevailing view of Cancer as a purely 'Local Disease - Disease of the Cell' is a natural outcome of the departure from the 'Holistic Concept and View' of Life, Nature, Man and Disease held earlier by the ancient Ayurvedic School of Medicine, Hippocrates (460 B.C.), Paracelsus (16th century), Samuel Hahnemann (18th-19th century) and Rudolf Steiner (20th century).

Hitherto this Cellular Principle has been overemphasized - the unrestricted, shapeless, chaotic, relentless proliferation of cells, "Cellular Autonomy" overwhelming the human organism as a whole and thriving at its expense in a cancerous process. The natural logical consequence was to direct therapeutic measures at destroying the malignant cells - extirpative surgery, irradiation and chemotherapy. But their use in clinical practice places the physician in an awful dilemma, since these are known to cause serious side toxic effects, such as, general asthenia, anaemia, leucopenia, liver damage, depression of the bone marrow, immuno-suppression and radiation effects on the skin, internal organs and the bone-marrow. This one-sided cellular view of cancer and the resulting therapy, therefore, have their limitations.

Dr. Rudolf Steiner, the Founder of the Anthroposophical philosophy, revived the ancient Holistic Concept of Life, Man and Disease. The aim of a comprehensive Science of Medicine should be to understand man as an integral whole, in his comprehensive totality of body, soul and spirit. As early as 1920², he clearly demonstrated that Cancer does not develop just on the basis of a disturbance in the growth and multiplication of cells, but because the dynamic, form-giving pole of the human organism breaks down or fails in its regulation of cell growth. In health there is a dynamic balance maintained between cell growth and its restriction. Cancer is a state of dynamic disequilibrium between the Cell and the Organism, the Cell-Principle and the Organismal-Principle - the latter regulating the former towards harmonious form, function and growth of the whole Organism. He also suggested that *Mistletoe* (*Viscum album*) be used to treat Cancer based on his spiritual scientific view of Man. From his suggestions, a mistletoe preparation has been developed in the form of injections and marketed under the name Iscador which has been introduced clinically into therapy of Cancer in Arlesheim, Switzerland.

Dr.(Mrs.) Ita Wegman and other physicians started to develop Iscador therapy at the Clinical and Therapeutic Institute (im Klinisch-Therapeutischen Institut - Ita Wegman Klinik) in Arlesheim, Switzerland, from 1921 onwards. In 1935 the Society for Cancer Research (Verein fuer Krebsforschung) was formed in Arlesheim, and under its aegis the Research Institute Hiscia (Forschungsinstitut Hiscia) was started in 1949, through the initiative of Dr. Alexander Leroi. This institute is working on the further development of the mistletoe preparation, Iscador. Medical members of the Society for Cancer Research are collaborating in clinical trials; trials of post-operative and post-irradiation Iscador therapy have been carried out at the University Hospitals of Munich, Basel, Hamburg and Vienna. The results described in subsequent chapters have been more gratifying than the current forms of cancer therapy^{3,5,6,7}. In 1963, the Lucas Clinic (Lukas Klinik) was opened adjacent to the Clinical and Therapeutic Institute in Arlesheim, Switzerland, directed by Dr. W. Kaelin and Dr. (Mrs.) Rita Leroi. This Clinic specializes in the treatment of Cancer patients, and offers facilities for research and post-graduate training. Regular seminars are held twice in a year in April and October at the Advanced Medical Training

Centre, Lucas Clinic, Arlesheim (Aerztliche Fortbildungsstaette Lukas Klinik), under the guidance of Dr. Friedrich Lorenz, who is now deceased.

Iscador Therapy is aimed not only at the cancer cell (cytostatic) but also at restoring the disturbed equilibrium between the organism and the cell - by stimulating the formative processes and forces of the whole organism, and the natural immunity mechanisms - the body's own defences. The latter is not possible with the current modes of cancer therapy, which, on the contrary, are immunosuppressive. Besides, reinforcement of natural immunity Iscador has proved itself to be non-toxic, and there is absence of drug-intolerance and drug-resistance.

Recent trends in cancer research are converging towards Steiner's view. Smithers⁸ affirmed that the whole organism is involved in the development of cancer. The cancerous process is the chaotic final stage in a progressive sequence of faulty development, with malignant neoplasms resulting from increasing reversion to an undifferentiated condition, and with progressive liberation from the control mechanisms. A dynamic equilibrium is normally maintained in the organism through the built-in-adaptation mechanisms between the ever-present tendency of the cells to multiply and differentiate, and the organism which maintains itself by limiting this multiplication within normal growth. The cell is endowed with susceptibility, which in health maintains balance - a Cell Organism Symbiosis. Cancer represents the failure of this Symbiosis. This view shifts the primary responsibility on to the Reticulo- Endothelial System (R.E.S.) which operates the Immune Mechanisms. The environmental factors are trigger mechanisms, *not* the fundamental cause, which resides in the parent cell - the zygote. Smithers suggests the presence of form-giving processes in the healthy organism, which normally maintain a dynamic equilibrium with the ever-present tendency of cells to multiply. The several noxious agents in the environment upset the balance in favour of cellular growth with the resulting malignant neoplasms. The development of this concept made it possible to approach the treatment of cancer in a different way. Domagk⁹⁻¹⁰, "Druckrey", Hackmann¹² and others affirmed that in the early stages of cancer development, the body itself is able to cope with the abnormal cells and render tumour cells innocuous. The organism does possess highly effective natural defences against the "autonomous" proliferation of cancer cells, contrary to the existing general opinion^{13,14}. It is only when these defence-mechanisms break down that a continuously growing tumour develops. Fromme²⁰ and Hoepke²¹ drew particular attention to the role of Mesenchyme or the R.E.S. in defence. Wittig²² reports a number of observations made at the Tumour hospital in Berlin-Buch which are incompatible with the theory of complete tumour autonomy; he concludes that in the treatment of cancer, one must avoid anything which might inhibit the natural defences. Kallenbach²³ also referred to this situation; he inoculated experimental animals i.v. with Yoshida sarcoma and found that metastases were more frequent if the general, non-specific resistance of the body had been reduced through surgical trauma, cortisone or the X-ray irradiation of the whole animal. Similar experimental observations had previously been made

by Toolan²⁴, Murphy and Morton²⁵, Herbut and Kraemer²⁶ and others. A number of chemotherapeutic agents used in cancer therapy were also shown to have toxic side-effects inhibiting defensive processes in the organism or promoting tumour growth, even if given in very small doses^{12,14-15,19}. The explanation for this is that the cytostatic agents do not act selectively on tumour cells²⁷, and therefore equally damage the normal cells. Papers by Southam, Moore and Roads²⁸ and by Southam and Brunschwig²⁹ show that the natural resistance of the body can be demonstrated experimentally.

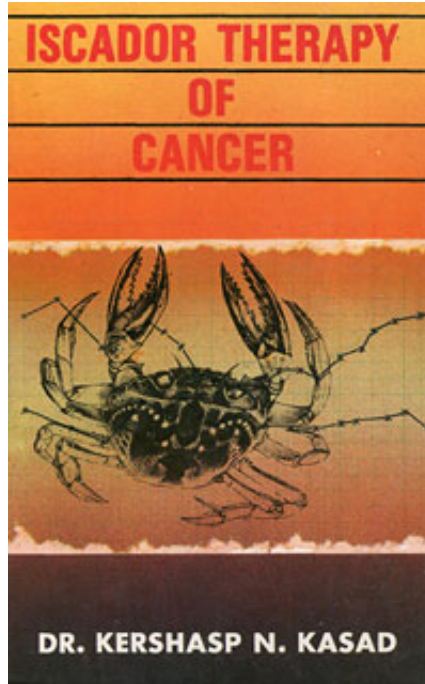
Once it is established that the organism does possess natural defensive powers, the inevitable conclusion must be that cancer is not a purely local disease, but right from the beginning the whole organism is involved and called upon to defend itself, and that only the pathological anatomical substratum manifests locally. To Domagk³⁰ it is inconceivable that a cure can be effected by local measures alone..."! believe that until now we have been too wrapped up in the necessity to achieve total destruction of all tumour cells." In a lecture in 1958 Dick¹⁹ said: "So far only one of the partners in the process, the malignant tumour, has been given excessive one-sided attention, and its opposite number, the human organism with its defensive powers, has been neglected." At first this point of view evoked violent opposition, but now it is accepted by many clinicians^{31-3-20-12-33,37}. Siegmund³⁸ spoke of "form-giving forces" and calls cancer a "catastrophe of form". Fischer¹⁹ expresses similar views: "Carcinomatous proliferation cannot be due to an increased growth potential of the cells concerned; it can only be that a certain inhibition of the proliferative tendency of these cells, coming from the environment, is lacking."

As applied to therapy, this is a fruitful point of view. Although initial results appear encouraging, the Immunosuppressive Therapy and the side-effects of Cell-suppressive therapy aggravate the problem of cancer in the long run. We appreciate that the rational pathogenesis of cancer is a resultant arising out of aberrant Immune Response of the R.E.S., which results in local and general imbalance in Cell Ecology. This imbalance, once it reaches a critical level, becomes fully automated. It is no longer dependent on the continued presence of the original initiating factors. The mass of the imbalanced cells act as exhausters of the depleted R.E.S., driving on to increasing aberration of a progressive type. Rational management of Cancer resolves into the following:

1. Reduction/Elimination of the Tumour Dose (Antigenic Stimulation of the R.E.S.) through local ablative surgery - direct destruction of the cancer cells.
2. Stimulation, Reinforcement and Restoration of the R.E.S. Immune Mechanism against cell proliferation through
 - a) Iscador Therapy of Cancer.
 - b) The curative Similimum - based on the Law of Similars in Homoeopathy, and aimed at normalization of morbid susceptibility.
3. Mitigation/Elimination of the Environmental Carcinogens, and

4. Supportive Therapy - Holistic : Emotional, Psychological, Spiritual Re-orientation of Life and Living, Physical, etc.

The results of Chemotherapy and/or Irradiation are well known, along with their drawbacks - pre-eminently immunosuppression with the resultant vulnerability to relapses and metastases. This work is primarily engaged in presenting to the medical profession the Iscador Therapy of Cancer in a comprehensive manner in all its aspects, facets and dimensions - theoretical as well as practical. It is based on both principles : Cytostatic as well as Immunostimulant, and more especially the latter. A glance at the Contents indicates the total dimensions of this subject covered in this book, along with the experimental and clinically well-documented evidence of its efficacy, non-toxicity, absence of drug-resistance, drug-sensitization, and mode of action. The results of clinical trials till date are encouraging and favourable as compared to the existing medicinal cancer therapy-devoid of the latter's drawbacks, moreover. Steiner's contribution to the understanding and treatment of Cancer by Iscador, a proprietary preparation of Mistletoe (*Viscum album*), deserves the serious attention of all fair-minded, objective, unprejudiced research workers and clinicians. This is especially so since his views are upheld by several workers in the past two decades of cancer research. The results achieved during the course of more than half a century in treating inoperable carcinomata and long-term treatment of cancer after surgery and/or irradiation/chemotherapy renders it justifiable for use as an alternative mode of non-toxic drug therapy in cancer. The writer's personal experience at the bedside, though small statistically, is presented in all modesty. The profession is invited to judge the work on its own intrinsic merit/demerit, apply this therapy to their cancer patients in clinics and hospitals, and report back on the results. The author claims no originality in this production: he transmits what he has learnt in his two years' rigorous study and work in Arlesheim, Switzerland, at the Lucas Clinic, pursued further subsequently. It is offered in no other spirit than that of relieving human suffering from Cancer, and in the English language for the first time in medical history in its panoramic perspective.



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