

CHAPTER 8

PAIRING AM ADJUVANTS

Helleborus and Other Anthroposophic Remedies Provided alongside Mistletoe Therapy

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“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.” —PLATO

“One can ascend to a higher development only by bringing rhythm and repetition into one’s life. Rhythm holds sway in all nature.” —RUDOLF STEINER

Mistletoe both facilitates and is synergistic with other treatments, often enhancing their effects or mitigating side effects. In the next two chapters we’ll look at therapies often paired with mistletoe, beginning with a focus on anthroposophic preparations that both treat cancer and support the many physical and emotional symptoms that appear with cancer.

Of the many anthroposophic medicine (AM) remedies that we use alongside mistletoe, perhaps one of the most striking is *Helleborus niger*. Mistletoe and *Helleborus niger* have several intriguing similarities and differences when the two are compared. The helleborus plant

is a winter-blooming perennial evergreen. It grows in northern climates and presents with dark green pedate leaves (fanned outward from a common center). The leaf stalks grow low to the ground and look almost tropical. The plant is eye-catching, and yet holds such a low profile that you might miss it if you weren't looking for it. The large white or pink bell-shaped flowers bloom early in spring, often when snow is still present. In climates that don't experience heavy snow-fall, the blooms can appear in November or December, resulting in the plant's common name: the Christmas Rose.

Helleborus niger, like mistletoe, follows its own natural rhythm, blooming in the winter or very early spring. They have that independent quality in common, but the two plants also have some intriguing polarities (contrasts). Those polarities become more apparent when looking at them as anthroposophic remedies. Mistletoe and helleborus are well-suited adjuvants (additional supportive therapies). They tend to balance each other, with mistletoe containing more inflammatory constituents and helleborus containing more anti-inflammatory properties. In this chapter, we'll look closely at *Helleborus niger*, then we'll define several other anthroposophic therapies commonly used alongside mistletoe.

Introduction to Helleborus niger:

The most common AM adjuvant paired with mistletoe therapy

Helleborus has a vast herbal medicine history and was already known at the time of Hippocrates (460–370 BCE) as a remedy for certain psychiatric conditions.¹ It was used throughout early Greek, Roman, and European medical traditions for such conditions and to treat seizures, dementia, and inflammation.² Roman politicians used *Helleborus niger* for cognitive enhancement, to “stimulate quick-witted thinking” before debates and speeches.³ Through the centuries, early physicians often noted the importance of dosage when administering helleborus. Like any powerful medicine, small amounts could have profoundly beneficial effects, but too much could aggravate the original condition or cause toxicity.^{4,5}



Helleborus is known for its unique quality of blooming in the winter months.

Administering helleborus in cancer care dates back to the Middle Ages in Europe.^{6,7} It can also be found in traditional Islamic medicine.^{8,9} Samuel Hahnemann (1755–1843), the founder of homeopathy, focused on *Helleborus niger* for his postdoctoral thesis in 1812,¹⁰ summarizing its many historic uses. Rudolf Steiner, the co-founder of anthroposophic medicine, would have been aware of the history of helleborus when he recommended it as a complement to mistletoe therapy.¹¹

As noted earlier, *Helleborus niger* and mistletoe possess several interesting similarities and differences. Both are metabolically active in the wintertime, with helleborus blooming and mistletoe fruiting in winter. This striking independent nature is referred to as *temporal autonomy*. These two plants are independent from common flowering and fruiting rhythms in nature. Both plants develop slowly, coming

back year after year as long-lived perennials. When AM practitioners see sturdy, independent, well-centered plants like this, they regard them as potentially strong remedies for both immune and physiological regulation (see chapters 6 and 7). Such plants enhance self-regulation within the body.^{12,13} This intuitively forecasted benefit has scientific support. *Helleborus niger*, like mistletoe, has been found to contain substances that positively affect cognitive and mental health, improve focus, and encourage a sense of wellbeing.¹⁴

The contrasts between helleborus and mistletoe speak to their therapeutic qualities. Most plants have a clear earth-to-sun orientation, but mistletoe forms a sphere, which is not oriented toward gravity or the sun. In contrast, helleborus has strong roots with a normal relationship to gravity, the sun, and upward growth. The lectin content (a strong anti-cancer substance) is high in mistletoe, while there are few to no lectins in helleborus. Mistletoe is well-known for its strong warming or inflammatory effect (cytokine release). Meanwhile, *Helleborus niger* is anti-inflammatory, containing compounds known to decrease cytokine levels.^{15,16} So both remedies are immunomodulatory, but in different polarities. It could be said that while mistletoe enhances healthy inflammation and immune activity, helleborus brings structure to that activity.

In cancer care, we most often administer helleborus as a complement to mistletoe. Because of their contrasting polarities, they are most often administered at different times of the day or on different days altogether. Then they are free to complement, instead of negate, each other's effects. There are also situations, such as leukemia or complex brain tumors, in which *Helleborus niger* is used in lieu of mistletoe.

Lab research: Helleborus actives and effects

Early anthroposophic uses of helleborus relied more on careful observation, case studies, and herbal traditions. Currently, the research on *Helleborus niger* is growing but still limited. There are several compelling studies that have identified key actions and immune system effects. Its constituents include beta-ecdysones,

	Mistletoe	Helleborus
Similarities	Temporal autonomy (winter blooming) Slow development, long lifespan Suppressed vitality	
Differences – Botanical	Roots and plant not oriented toward gravity or light Centripetal (inward) orientation Leaves undifferentiated (same on top and bottom) Fruit is the most therapeutic plant part Warmth oriented	Roots and plant oriented toward gravity and sun Centrifugal (outward) orientation Leaves with normal differentiation Flower and leaves are the most therapeutic plant part Light oriented
Differences – Therapeutic Effects	Warming, metabolism-boosting, fever-inducing Promotes initial cytokine release (prompts healthy acute inflammation)(17) Lectins (in very high doses) cause hemagglutination (clumping, centripetal action)(18)	Cooling, forming, anti-inflammatory effects(19) Decreases pro-inflammatory substances (mitigates chronic inflammation)(20) Saponins (in very high doses) cause hemolysis (centrifugal dispersal)(21)
Differences – Homeopathic Principles(22)	Dominant Phosphorus Principle Connection with organs in the lower part of body Glycoproteins connect with the I-organization Addresses sclerotic (hardening) conditions	Dominant Sal Principle Connection with upper organs (lungs, brain) Saponins (i.e. steroids) connect with astral forces (soul, consciousness) Addresses chronic inflammatory conditions

Table 8.1: Viscum album and Helleborus niger: Similarities and differences (Compiled by Dr. Steven Johnson, based on manufacturer materials, general anthroposophic principles, and clinical observation)

which appear to induce *apoptosis* (normal cell death) in lymphoma cells and are cytotoxic to Molt4-leukemia cells.²³ These beta-ecdysones are also likely responsible for anti-epileptic effects and cognitive health benefits.²⁴ Other compounds appear to convey additional cytotoxic effects in cancer cells.^{25,26} Yet more benefits include diuretic and expectorant effects,²⁷ which are beneficial to mitigate common side effects of some cancers.

Small studies have found that *Helleborus niger* can increase healthy lymphocyte proliferation.²⁸ It also conveys a dose-dependent suppression of TH-1-associated pro-inflammatory cytokines (an anti-inflammatory effect).²⁹ It does not alter the activity of CD cells or alter the activity of neutrophils.³⁰ Again, it's immunomodulatory, but generally modulating in a different direction from mistletoe.

Studies have looked specifically at *Helleborus niger*-induced apoptosis of lymphoma cells and have found a dose-dependent response—the greater the dose, the greater the cell death in the cancer cells.³¹ In 2010, Filderklinik in Germany looked more closely at this effect and found that while apoptosis increased in cancerous cells, healthy lymphocytes were not affected.³² So, at least in small *in vitro* studies, it seems that *Helleborus niger* can induce apoptosis in cancer cells, while not harming healthy immune cells. These studies are too small to fully evaluate *Helleborus niger* as a remedy. One hopes more studies will appear in the future.

We use *Helleborus niger* in many different homeopathic potencies and strengths, depending on the medical condition. These potencies are often alternated according to the intention of the practicing clinician. *Helleborus niger* is available in ampules and oral forms. There are also several combination helleborus remedies, which I formulated and are now offered by Uriel Pharmacy (see table 8.4, page 174). These “Comps” combine *Helleborus niger* with other adjuvant remedies that are supportive for specific stages of cancer and symptoms commonly encountered. I formulated these comp remedies based on common anthroposophic treatment principals in 2019, and early reports are encouraging.

Most common Helleborus niger indications in anthroposophic cancer care

When discussing clinical observations with my European colleagues, I find that *Helleborus niger* is used most frequently in cases of lymphoma, leukemia, myeloma, sarcoma, and prostate cancer. We tend to recommend helleborus in a broader range of cancers when there are metastatic complications such as edema of the legs, lungs, or brain.

Helleborus Consideration	Findings
Observed clinical effects	Anti-inflammatory, antioedematous (edema preventive), diuretic, immunomodulatory, psychologic stabilization, roboration (general strengthening), tumor inhibition <i>Via inhalation therapy:</i> broncho-spasmolytic, inhibition of hemoptysis, mitigation of tickling in throat, mucolytic
Contraindications	None, apart from avoidance during pregnancy or lactation.
Adverse drug reactions	Rarely transient redness at subcutaneous injection site, sometimes accompanied by slight itching/burning
Helleborus Constituents	Pharmacological Effects
β-Ecdysone (structurally related to plant steroids, androgens, sitosterone)	Cytotoxicity toward Molt4-leukemia cells Apoptosis induction in lymphoma cells Differentiation, regeneration of nerve and glia cells Antiepileptic Anxiolytic (anxiety mitigation)(34)
Macranthoside 1 (steroidal saponin)	Diuretic, expectorant Anti-inflammatory Emmenagogic (promotes menstruation)
Protoanemonin	Cytotoxic (inhibits mitosis) toward cancer cells(35,36)
Total aqueous extract	Immunomodulation (proliferation of lymphocytes, suppression of Th1-associated cytokines)(37) Anti-inflammatory, anti-rheumatic(38)

Table 8.2: Considerations and botanical constituents of *Helleborus niger*³³

Helleborus Indication	Potency	Administration Method
Advanced cancer with marked inflammation	D12 – D3	1 ampule (amp) subcutaneous (SC), 3x/week
Anxiety, agitated depression in patients with cancer	D6	1 amp SC, 3x/week
Brain tumors or metastases	D12 – D3	1 amp SC or IV infusion (in 100 ml physiol. saline), 3x/week
Cachexia, tumor fever	D12 – D6	1 amp SC or IV, 3x/week
Dry cough (in lung cancer or metastases)	D6 – D3	Inhalation therapy, 1x/day (or IV* 3x/week to up to 1x/day)
Edema (brain), effusions	D12 – D3	1 amp SC or IV, 3x/week (up to 1x/day)
Impaired memory/concentration after brain irradiation	D4 – D3	1 amp SC, 3x/week
Kaposi's sarcoma	D6 – D3	1 amp peritumorally, 2-3x/week
Malignant lymphoma, multiple myeloma	D12 – D6	1 amp SC or IV, 3x/week
Prostate cancer	D6 – D3	1 amp SC, 3x/week

Table 8.3: Common applications of *Helleborus niger* (clinical guidance adapted from observations published by Debus³⁹ and Schnürer⁴⁰)

Because of the cognitive and mental health benefits, it's also used with any cancer patient who is struggling with significant anxiety or depression or is dealing with "chemo-brain," which manifests as problems with concentration and mental focus after treatment. Such brain fog can also happen after radiation or hormone treatments. *Helleborus niger* is a well tolerated, gentle adjuvant with few to no contraindications, apart from avoiding it during pregnancy and lactation. When used in a potency below D3, careful clinical observation is needed. Remember, the lower the homeopathic potency number, the higher the concentration of botanical compounds. Most clinical observations regarding *Helleborus niger* come from European cancer clinics.

Lymphoma

With all lymphoma treatment strategies, *Helleborus niger* may be used either alone or with mistletoe. It is a good alternative to mistletoe therapy when the patient may be too weak or sensitive to handle the inflammatory effects of mistletoe. When *Helleborus niger* is paired with mistletoe to address the effects of lymphoma, typically Helixor® A or P, Iscador® P, or AbnobaViscum® Fraxini are used. These are the most researched mistletoe options in this situation. Lymphoma is a common condition in which *Helleborus niger* has proven itself useful (see chapter 10).⁴¹

Helleborus niger may be used at D3, D4, D6 to D12 potencies, as daily subcutaneous (SC) injections for a few weeks, and then dropped down to two or three times per week. My European colleagues have found this safe and beneficial during CHOP chemotherapy protocols, including immunotherapy with Rituxan. Often, we hold off on mistletoe therapy while a patient is on Rituxan or provide it only in very low doses while observing the effect on cell counts. In some of the established European clinics high-dose fever-inducing mistletoe has been used, but this is experimental and requires a well-controlled hospital or in-patient clinical setting.

For patients who have lymphoma, there are many anthroposophic homeopathic remedies that have been found to be clinically useful

in European hospitals and private practice. A few examples include homeopathic Plumbum, Stibium, or Vitis Stibium tablets (available through Uriel and Weleda Pharmacy). Such remedies send a modulating signal to the body, which dampens cell proliferation and metastasis, while strengthening immune function.⁴² Archangelica ointment applied to lymph nodes several times per day can also be comforting and supportive for sore or congested lymphatics. Usually, these natural substances are integrated with conventional treatments and other natural remedies. These remedies are just a sampling of what anthroposophic practices regularly apply.

One of the most beneficial integrative treatments that I've seen in lymphoma cases is *medical hyperthermia*.⁴³ This is approved only in Europe right now, with the exception of a medical trial. Several clinics have demonstrated positive results. Hyperthermia has a long history of exploration with many positive outcomes, but it has yet to be seriously studied.

Brain tumors and brain edema

European practitioners have noted that *Helleborus niger* can be useful in caring for patients who have brain cancer and brain metastasis. It may help with edema.⁴⁴ These physicians find that boswellia, along with *Helleborus niger*, potentially mitigates mild brain edema (swelling). More studies are needed to explore this possibility. These two substances can be provided alongside mistletoe to lessen mistletoe's potential inflammatory effects. This strategy can lessen the potential for brain edema (see chapter 10). This is not always effective, and steroids are often still needed.⁴⁵

When mistletoe is used for brain tumors, usually Helixor A is the safest way to initiate therapy, and then other host trees may be considered based on the clinician's training and expertise. However, it's important to note that, in cases of severe brain edema, mistletoe therapy may not be indicated. A monotherapy of *Helleborus niger* may be considered instead. Anthroposophic care is always individualized. In

the hands of a well-trained clinician, treatment will often impart a sense of wellbeing and resistance to common complications.

Lung cancer

Currently there is some case study evidence of non-small cell lung cancer (NSCLC) responding to *Helleborus niger* and mistletoe combination therapy. A case study of malignant pleural mesothelioma (MPM) was also recently published, in which SC and IV mistletoe were alternated with *Helleborus niger* injections, resulting in a 38-month partial regression and 56 months survival.⁴⁶ This is an extremely aggressive cancer and, in this situation, the patient had refused all other conventional therapies.

A few anthroposophic hospitals provide nebulized *Helleborus niger* as an experimental therapy for *hemoptysis* (coughing up blood) and shortness of breath. Early reports are positive, but we are still awaiting published case reports or clinical studies for this off label use.⁴⁷ *Helleborus niger* D12 or D6 is added to a nebulizer (diluted with 0.9 percent sodium chloride and filled to 5 mL) and inhaled for 15 minutes, one to three times daily. I have seen this provide significant relief for mucous plugging, as well as for hemoptysis (coughing up blood), in patients who are challenged with *pleural effusion* (water on the lungs), and in cases of severe congestion. The earlier this is started the better, and the results are improved with adjuvant treatments. At this point, this therapeutic technique is based on clinical observation only.

Concomitant (associated) conditions

Managing lymphatic congestion can be a major issue with many cancers. Any time there's a need to enhance lymphatic drainage, *helleborus* can be provided along with other common natural remedies including diuretic teas, dandelion, nettles, green tea, and borage. These are good adjuvants to lymphatic massage. Lymphatic edema may be addressed with Uriel's Borage Venous Leg Gel. The Venous Leg Gel ingredients include borage, witch hazel, horse chestnut, and several

other botanicals.⁴⁸ This is gently massaged into the affected area several times a day. My patients have found the combination of *Helleborus niger* and this topical product to be effective.

Helleborus is also beneficial in providing mild mental health benefits.⁴⁹ When patients are dealing with serious anxiety, I will start them with one ampule daily of *Helleborus niger* D6 or D12, depending on symptom severity. Helleborus Comp E, available through Uriel Pharmacy, is also a good possibility. I often pair *Helleborus niger* with other common natural remedies such as valerian, passionflower, melatonin, L-theanine, L-tryptophan or 5-HTP, St. John's wort, and SAM-e, as indicated by their metabolic type and tolerances. This requires a solid educational background in metabolic or functional medicine to make appropriate recommendations. In the future, genomic testing may also help with making these selections.

Helleborus niger also works well with other anthroposophic homeopathic remedies for depression and anxiety. In anthroposophic clinics, a small sample of common remedies are:

- Magnesium Phosphoricum (4x to 30x)
- Bryophyllum argentum (3x, 2x)
- Bryophyllum (1%, 5%, and 10%)
- Alternating low- and high-dose phosphorus (6x and 30x).

St. John's Wort, also referred to as *Hypericum* (a primary active in St. John's Wort), is commonly provided as an anthroposophic medical therapy. There are several specially prepared pharmaceutical preparations of St. John's Wort, alone and in combinations, which we find very helpful. Again, this is just a sampling of possible approaches. This type of care is highly personalized and requires a diagnosis from a well-trained physician.

Many European clinicians are experimenting with providing *Helleborus niger* for its anti-inflammatory properties in arthritis and autoimmune conditions. They typically provide SC injections of *Helleborus niger* D3 to D6. I have had some similar success in providing *Helleborus niger* as a treatment for Lyme disease symptoms, specifically

after the disease has progressed into its chronic autoimmune phase. These situations are not directly related to cancer care, but we do see an increase in autoimmune disorders (such as RA) in patients who have cancer or are cancer survivors. It is helpful to know that the immunomodulatory effects of *Helleborus niger* can potentially provide support both during an active cancer process and for autoimmune conditions too. The anti-inflammatory and immune-modulating quality of *Helleborus niger* makes it especially appropriate for cancer patients who are at risk for autoimmunity.⁵⁰

Tumor types and patient constitution:

Evaluating indications from an anthroposophic perspective

While it's useful to provide a straightforward list of *Helleborus niger* indications, it's even more empowering to evaluate helleborus with a constitutional lens—looking at the gesture of the medicine and then matching that gesture to certain disease processes or the constitutional typology of an individual patient. This helps both patients and practitioners come to a deeper appreciation of the treatment and how it might be applied in situations not covered in this book. Similar to Ayurvedic and traditional Chinese medicine, anthroposophic medicine is not oriented only toward a clinical diagnosis, but also toward individual qualities, constitutional typologies, and tendencies we observe in people on physical, mental, and spiritual-creative levels.

In general, *Helleborus niger* is recommended in cancer cases where there is a strong *centrifugal* (spreading) tendency such as acute leukemia and lymphoma.⁵¹ It's also used when a patient has myeloma or any cancers connected with the reproductive organs, lungs, or brain. We use *Helleborus niger* when tumor cells are metastasizing. Because of its cooling anti-inflammatory quality, *Helleborus niger* is especially valuable for advanced stages of cancer or when there are concerns about recurrence.⁵²

When matching a patient's constitution to helleborus, there are certain qualities we observe. On a constitutional level, we look for signs of inflammation such as swollen or warm joints, fever, edema, or other

signs mentioned throughout this chapter already. Helleborus patients often struggle with an agitated depression. They can be very anxious and might even be in a state of persistent shock and disassociation. This may be from the trauma of facing their illness or from a residual longstanding past trauma, or both. Trouble concentrating and scattered thoughts are other possible indications.⁵³ Helleborus also speaks strongly to the male constitution and has connections to the human reproductive organs. When the constitution of a patient reveals these signs, we often see stronger therapeutic responses to *Helleborus niger*. This is the art of medicine often lost in modern cancer care. There are strong connections between nature and the human being, and if we listen, many insights reveal themselves and can later find correlation through scientific evaluation.

Other common adjuvants in AM cancer care

Integrative–anthroposophic cancer care providers often recommend several other botanicals and remedies. The following will not provide an exhaustive list and shouldn't be regarded as treatment guidance. Rather the goal is to share a holistic paradigm shift, viewing multiple adjuvant treatments as an extension of conventional oncology. The goal of anthroposophic and integrative health should never be to antagonize modern medicine, *but rather to extend and humanize it*. The two branches need to become one approach to health. Like deciding on mistletoe host trees, selection of adjuvant treatments can be informed by an anthroposophic-holistic picture of the human being, as well as the scientific evaluation of chemical constituents.

AM practitioners often provide other natural remedies that would be familiar to naturopathic doctors and integrative physicians. Dr. Winters will touch on some of them in the next chapter on integrative oncology. But there are also several uniquely anthroposophic remedies that probably aren't as familiar to anyone outside the AM world. Let's learn more about those.

Anthroposophic homeopathy

Anthroposophic practitioners use unique homeopathic plant and mineral preparations. Generally speaking, anthroposophic homeopathy uses lower potencies than those found in classical homeopathy. Each AM remedy is prescribed based on an understanding of how the substance relates to particular organs and physiological processes, as well as the threefold and fourfold understandings of the human organism (see chapters 6 and 7). To be clear, mistletoe therapy may be used alongside classical homeopathy or AM homeopathy.

Below I will present just a few examples of the more common AM remedies I like to use, to show how we might begin extending modern medicine and integrative oncology. Again, these medical traditions are at their best when they work alongside each other. Anthroposophic medicine is a highly individualized practice requiring extensive training and experience. Different remedies take on a different level of importance and application, depending on the clinical and biographical situation of the patient. Refer to the “Resources” section for more anthroposophic texts.

Astragalus Formica: *Astragalus* supports immune function and has also been studied for anti-tumor effects and its ability to mitigate fatigue.⁵⁴ *Formica* supports excretion (detoxification) and ultimately promotes rejuvenation.⁵⁵ Both these remedies are often used in combination with other synergistic remedies.

Aurum (Homeopathic Gold): *Aurum* supports regulation of the autonomic nervous system (ANS) and can be stabilizing for depressed mood and sadness.⁵⁶ It can be helpful in cancer treatment, because it strengthens the “I”-organization, a key to health in AM. I often regard it as useful for encouraging personal growth and helping a person step toward a new life situation. *Aurum* is used in many combination remedies. I particularly recommend Uriel Pharmacy’s *Aurum Lavender Rose* cream. This provides *Aurum* with rose oil, and other botanicals, including frankincense and myrrh. It is calming, relieving anxiety and nervousness. A company called Weleda also makes a wonderful

remedy called Aurum/Cardiodoron, which is very helpful to support circulation during times of stress.

Bryophyllum (Mother of Thousands): When patients have symptoms of anxiety or nervousness, I often suggest bryophyllum. Commonly known as Mother-of-Thousands, this succulent plant grows hundreds of tiny new plants around the rim of each of its adult leaves. It conveys this strong regenerative process when taken as a remedy. It's also useful when a patient is severely traumatized, perhaps to the point of exhaustion. Bryophyllum comes in many combination forms and is fairly unique to AM.⁵⁷

Carbo Betulae or Carbo Chamomilla: Carbo *Betulae* is helpful for addressing GI issues, including mucosal inflammation, diarrhea, and sugar cravings.⁵⁸ Often chemotherapy, radiation and the stress of illness can weaken or inflame the lining of the GI tract. In my own clinical practice, Carbo *Chamomilla* has been helpful with addressing heartburn, leaky-gut, colitis, or irritable bowel, which often occur during chronic illness. From an AM perspective, Carbo *Betulae* also supports the “inner breathing process,” strengthening the internal breathing rhythm needed for inner stability.

Hepatodoron and Vitis Stibium: Crafted from grape and wild strawberry leaves, it is a longstanding observation of AM physicians that Hepatodoron (Weleda) and Vitis Stibium (Uriel Pharmacy) help with liver support and healthy sugar and glycogen metabolism. They also encourage healthy sleep cycles, which are vital to regain self-regulation in the body. From an AM perspective, homeopathic stibium brings a formative element into the metabolism, which is helpful to encourage stability and prevent the cellular proliferation seen in tumor growth.

Borago Venous Leg Gel: A topically applied, borage-based gel, especially effective for leg edema (and general lymphedema).⁵⁹ This is appreciated especially by many patients with varicosities or poor lymph drainage. It is so important to stimulate venous return, in order to support whole health. This remedy brings form to “fluid” or “vital” processes. Those Etheric Processes (see chapters 6 and 7) need to be contained and are part of the constitutional cancer picture in AM.

*Anthroposophic organ preparations,
homeopathic metals, and comps*

In the world of AM cancer care, physicians have historically prescribed homeopathic organ preparations and homeopathic metals. Most AM physicians still recommend potentized organ preparations associated with the organ of tumor origin. For instance, we would prescribe Prostata GI 8X for prostate cancer. We may also provide organ preparations for any organ where metastasis has occurred or is likely to occur. In addition to organ preparations, there is a long history of providing specific homeopathic metals along with mistletoe therapy. Some preparations of Iscador mistletoe are provided with the metals already added to the extract. Some AM physicians still provide one of the four traditionally added homeopathic metals alongside mistletoe therapy: *mercurius vivus* (mercury), *argentum* (silver), *cuprum* (copper), or *stannum* (tin). The metal used depends on the organ of tumor origin. As homeopathic remedies, actual concentrations of these metals are so low that toxicity is not an issue. Rather the homeopathic dosage encourages or “signals” the body toward a particular balance. All these principals are taught within anthroposophic medicine training.^{60,61}

Helleborus Comp	Condition	Homeopathic Constituents
Helleborus Comp A	Chronic lymphoma and leukemia	Ampules: Helleborus 2X, Arsenicum alb. 17X, Plumbum silicium 20X, Argentum met. 8X, Stibium 6X, Phosphorus 12X, and Formica 6X.
Helleborus Comp B	Acute lymphoma and leukemia	Ampules: Helleborus 4x, Argentum met 17X, Phosphorus 30X, Formica 20X, Lien 8X, Plumbum met. 30X, Colchicum planta tot. 4X, Equisetum 20X
Helleborus Comp C	Solid tumors with metastases	Ampules: Helleborus 12X, Lien 8X, Plumbum met. 30X, Formica 6X, Stibium 12X, Argentum 20X, Cheledonium pt.

*Table 8.4: Helleborus niger compound products (comps)
(data courtesy Uriel Pharmacy, 2020)*

Uriel Pharmacy provides five “Helleborus Comps” formulated with specific conditions in mind. The three comps in table 8.4 combine *Hel-leborus niger* with other appropriate adjuvant homeopathic remedies, many of which we have discussed in this chapter. They are provided

in ampules, which may be administered via subcutaneous injection or taken as an oral sublingual, held under the tongue.

AM care for the individual soul and spirit

In the U.S., looking at the human being as having a spirit, soul, and physical body is too often relegated to a realm of “nice but not scientific or practical.” The word *spiritual* has become taboo for many modern people. These misunderstandings are unfortunate. Some clarification seems necessary. The word *soul* refers to our capacity for different levels of consciousness and feeling. Healing of the spirit refers to recognizing the individual person—their creativity, potential, and goals. Having goals and inspirations can be key to overcoming cancer and coping with it. Read any cancer survivor’s story, or reflect on your own, and the importance of acknowledging the “whole person” becomes self-evident.

In European anthroposophic care, therapies which support the soul and spirit are regularly integrated with conventional treatments, herbal and nutritional remedies, and homeopathy. In some cancer clinics, special nursing care and creative therapies such as eurythmy (movement therapy), art therapy, speech therapy, and biography work are seen as pivotal for the overall success of a treatment program. Indeed, how can a cancer survivor begin the hard work of reinventing their lives if they have not nourished their soul and spirit to gain new inspiration for the future? AM cancer care prescribes these soul- and spirit-nurturing therapies as part of a complete and humanizing treatment strategy.⁶²

Art and Music Therapies: Focused on deep abstract expression through basic forms and colors or simple melodies and harmonic sound (as opposed to classes on specific painting or musical techniques). Helps the patient enliven their astral forces and empowers their creativity and trouble-shooting abilities.

Biography Work: Asks patients to write about key moments in their life stories. Focused on pattern- and purpose-finding, as well as therapeutic expression. Helps patients rediscover their current situation as one moment within a larger, whole narrative.

Eurythmy: Supports the etheric body through therapeutic, rhythmic movements. Helps restore the body's sense of rhythm in all its processes. Qigong and tai chi are practices with similar benefits.

Therapeutic Speech: Differs from conventional definition of "speech therapy." Anthroposophic therapeutic speech focuses specifically on the power of language, using the spoken word in an artistic way. Highly effective for patients who do not feel grounded, helps them come back inside themselves.

Rhythmical Massage: Provided by rhythmical massage therapists and anthroposophic nurses to increase circulation and warmth, as well as retrain the body to inhabit its own sense of rhythm. Similar to gentle lymphatic massage, which is commonly provided for patients with cancer in the U.S.

In addition to artistic therapies, specially trained anthroposophic nurses provide warming compresses and special body treatments. They work very consciously with specific soul gestures for comfort and healing. Compresses and nursing treatments enhance warmth and a sense of wellbeing, often reducing pain and stress. Anthroposophic nursing holds to the tenet that patient care is an art. When a person experiences true loving care it awakens their potential to heal. The holistic nurse is often the person who recognizes what is the most important need for the patient in any given moment.⁶³

Wise remedy selection: Allowing the patient lead the treatment

After the shock of initial diagnosis, patients often experience the secondary shock of learning about the entire field of treatment options, both conventional and integrative. The list of recommendations can become an additional burden. For patients, when choosing to include holistic treatment options, it is important to find a knowledgeable practitioner who can assist as a guide, discerning which modalities are best.

I have had patients come to me so excited about mistletoe, that they commit to using mistletoe therapy alone. They don't always get the same results as those who use mistletoe in wise combination with other

adjuvants or the insights of metabolic medicine, like that practiced by Dr. Winters (see chapters 5 and 9). Of course, there are exceptions, and I have seen good results with an appropriate diet, conventional therapy, and mistletoe alone in motivated patients who find and cultivate their own *salutogenic* (health-building) approach.

I’ve heard a saying that a house can be built well and made beautifully, and yet be built with many different techniques to achieve the same goal. I think this applies to integrative and metabolic medicine as well. We have such wide-ranging therapeutic tools today. Thankfully we also have the ability to evaluate and choose the best methods for each patient. Anthroposophic and integrative practitioners can learn a lot from modern medicine, and conventional practitioners can glean much from our practices, too. There is a balance to be found that is unique to each person, in terms of nutrition, lab evaluation, diagnostic techniques, natural and conventional treatments, and other therapeutic interventions. The secret and sign of a good practitioner is that they are always seeking out this balance for each patient as an individual. The best practitioners recognize that comprehensive healing is that which takes place on the level of spirit, soul, and body.

CASE STORY ONE: DEBRA

<i>Caring for Anxiety, Opening Treatment Doors</i>				
Physician: Dr. Steven Johnson	Patient: Debra	First seen: Sept. 2019	Age: 58	Sex: Female
Cancer Type & Stage:	Stage III, right-sided breast cancer (ER+ PR+, HER2-negative). Severe anxiety and panic attacks, reducing ability to complete both conventional and integrative/anthroposophic treatment plans.			

Debra was a 58-year-old woman who frequently experienced anxiety and panic attacks during IV chemotherapy, mistletoe injections, or any minor invasive procedure. Any time such a procedure began, she would sweat, her hands shook, she experienced heart palpitations, and she had a severe sense of doom and foreboding. Debra had fainted in the recent past during a routine blood draw, which led to a hypoxic seizure.

This challenge with her panic attacks became so extreme that it affected her treatment choices. Debra told me she had refused further IV chemotherapy because of her severe symptoms. She certainly questioned whether she could administer the subcutaneous mistletoe injections that I had recommended. It was clear her anxiety had become life-limiting. We had to address this before she could continue any other treatment options for her breast cancer.

First, I recommended an anthroposophic remedy called bryophyllum (5% liquid), advising her to take it three times daily on days that she was scheduled for an anxiety-triggering procedure. One of those doses would be in the morning and another timed thirty minutes before the procedure. Bryophyllum is a unique remedy that is used in Ayurvedic medicine as well. It is very helpful for fresh traumatic anxiety. It also helps patients change repeated patterns of anxiety and panic. I taught Debra some deep breathing exercises, and we worked on meditations intended to help her center herself and become more in control of her behaviors and reactions to situations that scared or traumatized her.

Debra felt empowered enough that she decided to try this approach in an attempt to resume chemotherapy. She always took the Bryophyllum 5% Liquid a few minutes before her IV chemotherapy, as well as taking the remedy three times daily on non-IV days. Her IV nurse also allowed her to bring a tube of Aurum Lavender Rose Cream (Uriel Pharmacy), which she rubbed onto her chest before and during the IV. This cream contains many essential oils, including lavender, rose, and geranium. It also contains homeopathic gold, boswellia, myrrh, peat moss, and Saint John's Wort. Debra was also given a warm hot water bottle and a flannel sheet to wrap over her chest over the application of the cream. Debra repeated this calming cream application and mild warming therapy at home when self-administering her mistletoe injections. She practiced her breathing and centering meditations prior to her procedures.

Debra reported to me that her symptoms and anxiety gradually reduced over one week. She was able to complete her course of chemotherapy for her breast cancer and continued with the self-administered mistletoe injections. The fainting spells and severe panic reactions ceased entirely. As she repeated these procedures

successfully, her confidence grew. Over time, all her remaining panic symptoms became less of an issue. Her anxiety in general also lessened dramatically. Debra is currently doing well, and her cancer is in remission.

CASE STORY TWO: BOB

<i>Multiple Adjuvant Synergies for Treatment-failed Lung Cancer (NSCL)</i>				
Physician: Dr. Steven Johnson	Patient: Bob	First seen: June 2017	Age: 54	Sex: Male
Cancer Type & Stage:	Non-small cell lung cancer. Stage IV, adenocarcinoma of the lung (pT4N2M1a), EGFR/RAS/ALK negative. Failed standard of care (SOC) chemotherapy.			
Risk Factors:	Smoker and poor diet primarily consisting of fast food and processed foods. No prior inclination toward preventive health.			

When Bob came to me, he'd already completed five cycles of chemotherapy (carboplatin/taxol x3, then carboplatin/pemetrexed x2) for his Stage IV, non-small cell lung cancer (NSCLC). Unfortunately, scans showed continued progression. Remissions are rare in NSCLC. Bob made an informed decision to stop further chemotherapy and initiated complementary medical care options.

Bob had no prior knowledge of, or affinity for, natural or holistic medicine. His diet was horrible, primarily fast food and processed foods. He didn't significantly change his diet during his treatment, despite many well-intentioned efforts. However, Bob believed strongly that he could get better, and he was fully dedicated to all the other components of his integrative treatment plan.

I recommended high-dose intravenous vitamin C (IVC 75 g, three times per week) and subcutaneous (SC) mistletoe injections every other day. The IVC was administered over a cycle of eight weeks, followed by a protocol of IV mistletoe twice weekly for eight weeks. This cycle was repeated twice before my colleagues and I reported on the case. Bob was also closely followed by his conventional oncologist during the entirety of the process.

I provided several other supportive nutritional supplements and anthroposophic remedies along with the primary SC and IV treatments. This included homeopathic stibium, plumbum, formica, and liver remedies. Bob also took several naturopathic

supplements including boswellia, quercetin, and green tea extract, which he took consistently throughout his therapy course.

Because his case was advanced, Bob also struggled with a severe cough, shortness of breath, severely reduced exercise tolerance, and frequent hemoptysis (coughing up blood). He agreed to an experimental protocol with nebulized *Helleborus niger* D12, daily for eight weeks. Bob's cough, wheezing, and hemoptysis resolved over six weeks. After eight weeks, he transitioned from the nebulized treatment to continued oral *Helleborus niger*.

It was not fully clear if the *Helleborus niger* treatment contributed to Bob's overall remission, so it was not reported in the originally published version of this case study. However, for my colleagues and me, it was our impression that it played a significant role.

Six months into this non-standard therapy, PET and CT scans showed that Bob had experienced full remission by RECIST (Response Evaluation Criteria in Solid Tumors) standards. There was evidence of decreased FDG activity in the biopsy-proven primary and metastatic sites. A year after being diagnosed with advanced NSCLC, Bob still felt healthy and well.

Bob did not continue follow-up therapy after his remission. He ceased the IV therapies, SC mistletoe, and the other herbal and anthroposophic therapies. We can only assume that his poor diet remained the same. His conventional oncologist reported that Bob was in continued remission for about six months, and then a small recurrence was found.

Regardless, as the original published case study noted, "Whether the initial remission and the surprisingly long PFS [progression-free survival] is due to IV ascorbic acid and/or mistletoe is unknown. A review of the literature reveals reports of similar astonishing clinical results after treatment with either agent."⁶⁴ Clinically, I have found there is reliable synergy when IVC, mistletoe, and *Helleborus niger* are provided in strategic rhythms. I continue to use a similar approach for patients with similar cancers. Ideally, they continue ongoing maintenance therapies and sustain their remissions for far longer time periods.