

CHAPTER 11

USING MISTLETOE THERAPY IN ADVANCED DISEASE AND END-OF-LIFE CARE

Dr. Steven Johnson, DO

“Go into yourself and see how deep the place is from which your life flows.” —RAINER MARIA RILKE

In North America, most people who seek out mistletoe therapy do so late in their cancer-fighting journey. When other treatments have failed, they hope that mistletoe might improve their quality of life (QOL), prolong their lives, and perhaps facilitate remission. As you will learn in this chapter, we can make a good case for why trying mistletoe therapy during the latter stages of cancer often proves to be a beneficial decision. However, anthroposophic doctors and integrative clinicians would always hope to have the opportunity to help their patients as early as possible.

For some patients with advanced cancer, mistletoe therapy can be used in palliative care and even hospice care. In my practice and among my colleagues, there are many reports of mistletoe helping to improve appetite and sleep; reduce nausea, emesis, fatigue, and depression; and decrease the necessary dosage of pain and anxiety medications. For patients who want to be more alert and awake during the dying process, in order to interact with loved ones, mistletoe therapy can play a helpful role. It can foster a deeper sense of dignity and humanity during

the dying process and improve QOL.^{1,2} While mistletoe therapy is more widely encouraged at earlier stages of cancer, it does provide many unique properties that can help in late-stage and palliative phases.

In reality, using mistletoe for these benefits is difficult in our current hospice and healthcare system. In a hospital environment, most providers will not see the value in using an injectable integrative therapy in this manner. Though I know of patients who used mistletoe during their dying process, typically they died at home and had already incorporated mistletoe into their integrative care plan long before. Integrative and anthroposophic physicians rarely use mistletoe exclusively for palliative care unless the patient or family specifically requests it. (This can be quite different in some European hospitals, where mistletoe is more commonly used in the hospital and larger clinic settings.) For the purposes of this chapter, we will not focus on palliative hospice care scenarios. Rather, we'll look at situations where mistletoe helped extend life and improve QOL for patients who were still ambulatory and fairly independent but had been told they had no further realistic conventional treatment options. Still, I think it is good to know that a doctor or nurse trained in mistletoe therapy and anthroposophic or holistic nursing can offer a great deal to a patient and family during end of life hospice care.

No matter the prognosis, I am always hopeful when a new patient comes to me asking about mistletoe therapy. So often patients enter my clinic with an advanced disease and a poor prognosis. Either they have been told they have a short time to live, or they will have to endure many potential side effects that will drastically compromise their enjoyment of life. While mistletoe is not a miracle medicine, the integrative community has seen some remarkable outcomes.

For instance, patients with advanced stage breast cancer who are undergoing chemotherapy experience far less intense side effects when also provided adjuvant mistletoe therapy.³ Other studies have found that patients with breast and colorectal cancer experience greater physiological and mental resilience when they are provided mistletoe therapy alongside chemotherapy. This effect has been seen repeatedly, and it hints

at how mistletoe seems to improve regulation of the autonomic nervous system (ANS). It's the ANS which, in turn, regulates most of our bodily processes.^{4,5} Another randomized study looked at 123 patients with breast cancer (Stage I-IIIa) who received chemotherapy alone or along with adjuvant Iscador® M or Helixor® A. Researchers found that several QOL measures improved for those who were provided mistletoe therapy. The QOL measures included: pain, nausea, vomiting, poor appetite, diarrhea, and insomnia—all familiar chemotherapy side effects. In addition to side effect mitigation, the patients who received mistletoe therapy also experienced improved mood and ability to engage socially. These benefits have been seen in multiple studies.^{6,7}



Pancreatic cancer (see case story below) is incredibly difficult to treat effectively and is often diagnosed late in its progression. In a Phase III randomized, controlled study, researchers examined QOL measures for 220 patients who had Stage III or IV pancreatic cancer. Due to poor prognoses, these patients were receiving the “best possible supportive care” (no longer in active treatment). The study participants either received that supportive care only, or supportive care plus mistletoe therapy. In the mistletoe therapy group, 13 of 15 QOL scores

improved notably, including: appetite, fatigue, insomnia, pain, and nausea⁸ In another study looking at 396 patients with pancreatic cancer, those who received adjuvant mistletoe therapy as part of a larger cancer treatment program experienced fewer chemotherapy side effects. They also experienced fewer life-limiting symptoms of the cancer itself, compared to patients who didn't receive mistletoe therapy.⁹ There are plenty of examples and studies like these for most solid tumors. The studies show consistent benefits of mistletoe therapy in improving both QOL and extension of life. The result is frequently not a full remission, but rather a state in which the patient is living in a vital and coherent state with their cancer.

We can see there is strong scientific support for providing mistletoe when prognosis is poor. But when I was asked to provide instruction on this topic, I was drawn far more to share case stories than to share a long list of scientific study results. There is nothing more delicate, personal, and deeply spiritual than facing death and discussing a plan for one's own care during the dying process. Some concepts are explained better through real-life narratives instead of abstract study results. The anthroposophic application of mistletoe therapy in the face of a dire prognosis is one of those concepts.

For the remainder of this chapter, I want to share two case stories with far greater depth and personal detail than we've used in any of the other case summaries in this book. You'll see readily that these two patients are very dear to me. They both inspired me in different ways by their resilience, courage, and unique attitudes toward both life and death. Living well with cancer for an unexpected and prolonged period can be a special and unexpected gift. Both of these case studies illustrate that possibility.

CASE STORY ONE: LINDA

"One more Christmas dinner with the family"

When she first came to my clinic, Linda was 62, and it had been one year since she had chemotherapy and surgery (Whipple procedure) for pancreatic cancer. Just three months earlier, her scans showed that the cancer had metastasized to her liver. She was struggling with nausea, abdominal pain, poor appetite, and a 20-pound weight loss over the previous two months. She was just starting her second round of palliative chemotherapy when she came to my office to inquire about mistletoe. A close friend had a positive experience with mistletoe therapy when she had breast cancer and encouraged Linda to explore the possibility.

Linda was not usually open to holistic or alternative medicine, so this was a big step for her. She researched mistletoe therapy and anthroposophic medicine a little on her own. While she was impressed to see hospitals and clinics using this therapy in Germany and Switzerland, she also found plenty of online criticism of anthroposophic medicine and mistletoe. She was clearly tentative at her first visit. She wasn't sure how much time she had left to live and did not want to waste any of it.

Linda was six treatments into her second round of chemotherapy, and she definitely felt worse than during the earlier rounds she had received. She was losing weight, was nauseated, and food was rarely a pleasure. She often said to me, "Thank God for mashed potatoes!" Linda was sick to her stomach day after day and struggling just to get out of bed, with no desire to embrace the morning sunshine or spend time with her horses and farm—which had always been her passion. Instead, her life was defined by steadily increasing dosages of pain and anti-nausea medications. This wasn't the life she wanted, and yet she truly wanted to live. Linda's oncologist told her that a cure was unlikely, and she probably had six to twelve months to live. I remember she said, "I still have a lot of love to give. I love my horses and riding around my land, taking in the views." She wanted to be able to do just that once again.

Because mistletoe therapy was being studied at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins,¹⁰ Linda found the confidence to give it a try. Her friend told her that

mistletoe helped her feel more hopeful, and it was an integral part of her cancer remission. Linda still had some doubts but decided she would try this new treatment for a set amount of time. It was early October when we conversed. She very much wanted to enjoy Christmas dinner with her family—and feel good eating it! We decided together that this was a good three-month goal.

After Linda and I spoke, she decided to stop chemotherapy for those three months, as she had received a substantial dose already, and she was tolerating it so poorly. Her CEA (tumor marker) had come down slightly, though not dramatically. We repeated a CT scan, and it showed a small reduction of some liver metastases, but several new liver lesions had also appeared. We discussed how mistletoe might help regulate her immune response and hopefully change her internal balance. We hoped it would up-regulate her immune surveillance and possibly slow the tumor growth. Having had so much chemotherapy, and after losing so much weight, I wasn't sure her body could mount a good immune response against the tumor. I had to be honest and tell her I wasn't sure how much she would benefit at her current stage of illness.

We ran lab tests looking for signs of inflammation and other biological clues to guide the choice of her supplemental treatments. Linda started on an intermittent fasting protocol, three days a week. This may sound counter-intuitive, but we certainly weren't doing this with a goal of further weight loss. Rather this was to help her gain weight during her eating days. Gaining weight is often a good sign in this type of cancer. She also started on subcutaneous (SC) Helixor P (pine) mistletoe alternating with AbnobaViscum® Fraxini (ash). She began biography counseling and therapeutic eurythmy, which is a special anthroposophic movement therapy based on the gestures of sounds, the spoken word, and musical tones (see chapter 8). Linda had heard of movement therapies like qigong and decided to give therapeutic eurythmy a try. We also agreed that, from this point onward, we would work from a position of hope and not fear. A new journey would begin.

Eventually Linda transitioned from SC to IV mistletoe therapy, still alternating different types of Helixor and AbnobaViscum mistletoe. We regularly alternated several anthroposophic homeopathic medicines and adjusted other supplements based on common

tumor markers for pancreatic cancer. Linda's general condition did improve during that three-month period, and she did get to eat and enjoy that Christmas dinner with her family. Her journey didn't end there either.

I have been working with Linda for over three years now. She still has pancreatic cancer at the time of writing this account. Her liver still shows metastatic lesions, though they are smaller than before. Her CEA is less than half of its original number. Her liver and metabolic markers such as liver function studies and LDH (lactic dehydrogenase, see chapter 9) are normalized now. Linda occasionally takes anti-nausea medicine and prescription pain medications for abdominal pain. But these are her only prescription medications now. Her weight has improved, and she enjoys many foods—not just mashed potatoes! Though she's quick to note that she's limited herself to a much healthier diet. Linda works on her land once again and rides her horses often. Most days she would characterize as “good and fulfilling.” She also sleeps through the night and wakes with hope and vitality to enjoy each day. Of course, she has to take it easy, but she does not spend her days stuck inside her house or unable to get out of bed. She is no longer depressed. She has had several Thanksgiving and Christmas dinners with her family now and was able to enjoy eating some of her favorite foods.

Linda did not get the full remission she wanted, but she is very grateful to be where she is in this moment. Three years ago, she and her oncologist didn't think she would be well enough to spend Christmas with her family. At 66, she now embraces her life journey living with cancer. Linda appreciates that she still has the option to use conventional therapies if needed, as she is more resilient now and has returned to a healthier weight. Most importantly, she is hopeful about living longer than expected. As she said, “I am so much stronger now.” She appreciates and enjoys every moment she has with her horses, friends, and family.

Thinking About Linda: Remissions are not likely in scenarios like these. However, I have seen some remissions of pancreatic cancer, when integrating conventional care, anthroposophic mistletoe therapy, and holistic support. Linda's story is not so atypical. It is possible for patients with advanced cancers to outlive life

expectancies with decent QOL. They can even experience a high QOL, despite being told they will need strong palliative care to be comfortable. Instead, they live in a state of proactively managing their cancers.

Mistletoe therapy within a larger integrated oncology care plan can initiate a remarkable turn of events, even when a patient presents in such an advanced state that short-term palliative care seems the only option. In Linda's case, as well as the next, there was an unexpected *extension* of life with an exceptional *quality* of life, while using minimal pain and other medications. Unexpected improvements in QOL and survival are indeed seen in multiple meta-analysis studies that examined the effects of mistletoe therapy.^{11,12} Certainly, my colleagues and I have witnessed this often with our own patients.

CASE STORY TWO: ARTHUR

"I can accept my fate, but before I go..."

There are certain patients who make an impression on you that never fades. Arthur demonstrated a level of dignity, faith, love, and hope which is forever imprinted in my memory and soul. I remember when he first came to my clinic with his wife. Arthur was 71 years old, with an infectious sense of humor and a glint in his steely eyes. He had been in an ongoing battle with an unusually aggressive adenocarcinoma of the prostate. He had received radiation and hormone therapy over the past three years, but now presented in Stage IV, with metastases to his lungs, liver, pelvic lymph nodes, and bones. He had lost almost 25 pounds. He was given a poor prognosis of less than six months to live. His oncologist offered chemotherapy but told him he couldn't promise that the treatment wouldn't be worse than the disease. He advised Arthur to enter the local hospice program to receive palliative care. Arthur opted against chemotherapy. He had heard of European mistletoe, and his curiosity brought him to my clinic.

One of the first things Arthur said to me was: "Doc, I know I am going to die. I am a devout Catholic and retired army man, so I can accept my fate. But before I go, I want to travel to Europe and

visit the churches dedicated to my dearest Virgin Mary. Can you help me do that?"

Arthur was quite serious. I told him the best we could do was try. Needless to say, I was concerned about getting his hopes up. But we agreed to embark on this journey together nonetheless.

That day, Arthur gave me a bar of fine European dark chocolate. This chocolate would come to symbolize our relationship. Every time we saw Arthur, he gave our staff and me a wonderful bar of Belgian or Italian chocolate. His wonderful attitude and appreciation for everyone was infectious, and our entire team always looked forward to his appointments.

Over that spring, Arthur started on an alternating course of IV vitamin C therapy (see chapter 9) and IV *AbnobaViscum Fraxini* (ash) mistletoe (sometimes enhanced with SC *Iscador Quercus* (oak) on the same day, to simulate a mild fever response; see chapter 10). We supported this intermittently with glutathione and chelating agents, as Arthur's bloodwork had shown very high levels of lead. He opted for a mostly vegetarian and alkaline diet, and we worked with many nutritional supplements to bring his high CRP (inflammatory marker) down to a normal level. We were able to adjust all his supplements in light of his tumor markers. Arthur took several anthroposophic remedies including *formica 6X*, *astragalus 3X*, and *vitis stibium* to help stabilize the accelerating metastasis. He also worked with art therapy, specifically focusing on contrasts of darkness and light. The art therapist encouraged him to think about strengthening his own forces of inner light as a counter image to the tumor. This idea rang true for Arthur, and he embraced this spiritual and creative practice.

The first six months resulted in a stabilization of Arthur's tumor metastases. His PSA dropped slightly, and the lymph node and liver lesions decreased in size. He felt more energetic and gained about ten pounds. Most importantly, he did indeed travel to Europe that summer. He was there for three weeks and visited several churches in Italy and France. On his return, he was ecstatic—and I promptly began gaining several pounds from all the chocolate he brought me!

After about six months of a fairly stable course, we decided to change the mistletoe regimen and began a higher IV dose of

high-lectin *AbnobaViscum Fraxini*. We continued to intermittently add SC mistletoe at the same time as the IVs to induce fever responses. This was successful in that Arthur's PSA dropped even further, and his liver, lung, and lymph nodes showed significant improvement. However, there was not much change in the bone lesions—at least that meant “no progression.” Arthur felt good, with a fair amount of energy and sense of wellbeing.

We completed several rotations of this therapy combination over the course of the next nine months, while continuing to rotate detoxification support and other treatments to build him up and strengthen his vitality. In addition to art therapy, we also added warming essential oil baths. Over time, all these efforts paid off. The following summer, Arthur traveled to many religious sites around the Baltics and other places in Europe associated with appearances and revelations of the Virgin Mary. He was elated, and for many months he was visibly beaming with joy. Around that time, in addition to more chocolate, he also gave me a medalion of the Virgin Mary.

During the second year of treatment, some of the bone metastases started to progress again and became painful. We decided it was worth it to try some palliative radiation. This was successful in reducing the painful lesions. Arthur was still able to avoid any conventional pain medications, relying on the mistletoe therapy and anthroposophic medicines instead. We rotated different forms of mistletoe that year, both subcutaneously and intravenously. Arthur had some ups and downs with fatigue and bone pain, but overall, it was a good year. He was grateful for all our successes so far.

Arthur remained dedicated to his treatment, and he actually took a third trip to Europe during his third year since we began working together. Heading into the fourth year of care, Arthur developed a bone metastasis to the skull, and it eventually grew dangerously close to his brain. After a lot of back and forth, we decided to risk radiation. Unfortunately, this procedure proved tragic. Shortly after the radiation treatment, Arthur developed sepsis and pneumonia, dying later that year. He was 75 and had outlived his predicted life expectancy by almost four years.

Arthur was thankful right up to the moment of his passing. But I will always wonder if I made the wrong decision in encouraging him to pursue that final radiation treatment. In truth, when I met him, I never thought he would live so long. Yet now I still wonder if he could have lived even a bit longer.

The end to this story is still deeply meaningful to me. Arthur died on a Sunday evening. I was at home, cooking dinner for my family. I remember reaching into the oven and badly burning my hand. The oven had a clock, so I happened to notice the time. When Arthur's family called me from the hospital to let me know that he had passed, I realized it was only minutes away from the time that I had burned my hand. There seemed to be a special connection between us that has remained lasting.

I was honored to attend Arthur's funeral, and now, almost ten years later, I still think of him often. The medallion of the Virgin Mary that he gave me is a little tarnished. But every now and then, I still hold it in my hand and remember Arthur's incredible dignity and kindness. I hope to be as full of hope and joy as him someday. That way of being never left him, even at the end of his life.

Thinking About Arthur: It is fairly common for patients to look for mistletoe or other integrative therapies when they have advanced disease and a poor prognosis. Though I often wish we could treat patients earlier in the course of their disease, I am often amazed how much mistletoe therapy can improve QOL and extend life too. I see this happen even in late-stage disease when we might otherwise stop all treatments and transition the patient to hospice care. Often, even in late-stage cancer, mistletoe seems to strengthen the spirit of many individuals in such a way that they are able to overcome a very poor prognosis. Arthur's story is an extraordinary one. As I often say to my patients, while late-stage cancer is a serious matter, it doesn't stamp an expiration date on our journey through life.

A few closing thoughts

There is an interesting common thread that runs throughout mistletoe survival studies and clinical observations. Often, when QOL improves, so does the tumor response to mistletoe. This again points to the self-regulating and self-empowering aspects of mistletoe therapy. Unlike so many conventional cancer treatments, mistletoe improves cancer outcomes, while also improving quality of life, which is so important to most people. This includes physical and emotional wellness and the intangible aspects of the human spirit that define our sense of wellbeing.

There is a strong principle of healing taught in anthroposophic medicine. My interpretation goes like this: *Health is not simply the absence of disease. It is a state of inner and outer coherence with ourselves and the world in which we live.* Mistletoe therapy embodies this principle. It is a symbol of what medicine could be in the future: Multiple harmonious practices that treat the disease while also improving the frequently overlooked intangibles of wellness that help us to look forward to life.