

CHAPTER 11

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

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“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.