

INTRODUCTION

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I was on summer break from college, and I went to a conference for medical students and doctors at the Hague in Holland. People were there from all over the world, including some students we secretly assisted to come from Poland and Russia. Back then this was forbidden, as it was before the fall of the Berlin wall in 1989. The event took on an aura of excitement and importance.

I remember Dr. Mees, an MD at the meeting who lectured on how the human skeleton related to the mathematical intervals of the musical scales. Exploring such mysteries was intriguing to say the least. I also met Dr. Joop Van Dam, a physician who would later have an extraordinary impact on my way of practicing medicine. He helped me to appreciate the power of meditation through the book *How to Know Higher Worlds* by Rudolf Steiner.¹ (This is the same Rudolf Steiner who, along with Dr. Ita Wegman, introduced mistletoe to the medical world as a potential cancer therapy.) I also visited the facilities where mistletoe extract is manufactured. It was impressive to see the precise and methodical methods of mixing and separating the winter and summer juices of this ancient plant.

I returned to Europe many times over the following years to visit several anthroposophic and integrative hospitals. I learned about *anthroposophic medicine* (AM), a practice that integrated conventional medicine with herbal medicine, homeopathy, and what I considered “soul-care” therapies. All were considered equally valuable and needed

therapeutic treatments. At these hospitals, nurses applied herbal compresses post-operatively for surgical patients. Eurythmy (a movement therapy based on speech and tone) and music therapy were provided in the Intensive Care Units. Therapeutic massage helped center and nourish patients. Anthroposophic, homeopathic, and natural medicines were prescribed alongside state-of-the-art conventional medications, as an integral part of the treatment protocols. Can you imagine this? Even the cleaning fluids contained essential oils giving the hospital a pleasant smell of rosemary, lavender, and rose. If I close my eyes, I can still smell the aroma. Patients clearly felt cared for, and no one seemed to think this scenario was odd or out of the ordinary. I truly wanted to see hospitals and clinics like this in North America.

Anthroposophic Medicine: Anthroposophically extended medicine brings deeper insights to the care of the whole human being. It is practiced by conventionally trained physicians and nurses who have undergone additional specialized training, learning to apply a broad array of effective natural medicines. This whole-person approach also incorporates art, music, movement, and massage therapies as elements of collaborative, multidisciplinary healthcare.

—According to the Physicians' Association
for Anthroposophic Medicine.

Though conventional practitioners and patients in the U.S. are often not aware of homeopathy, naturopathic care, and anthroposophic medicine, studies show the excellent safety and positive clinical outcomes for these modalities.² Even the World Health Organization has identified many aspects of integrative and holistic health as potentially crucial for the sustainable delivery of effective medicine and global public health initiatives.^{3,4} The conventional medicine community is increasingly aware that it doesn't have all the answers. Conventional practitioners are seeking out more connection with holistic and integrative practitioners. This is a positive new direction.

I hope that this book, along with introducing you to one specific therapy, also makes a good case for integrative health in general,

including AM, naturopathy, and other holistic sciences. All of these can extend the reach and efficacy of modern medicine. Integrative medicine is an approach that combines all the best therapeutic tools and applies them based on each patient's unique needs. There is a growing body of research noting the benefits of an integrative healthcare model, and more patients seem to be searching for an individualized and human-centered healthcare philosophy. That philosophy is central to integrative oncology.

I kept visiting European clinics over the years, and it was always profound to witness practitioners administering mistletoe therapy before radiation treatments, alongside chemotherapy, and with local and systemic hyperthermia. I was impressed by how doctors, nurses, and patients worked as a team. The patients felt empowered because they were being treated as individual human beings. They understood that mistletoe and other naturopathic medicines were modulating their immune defenses to fight the cancer, alongside the best that modern oncology had to offer. Studies have demonstrated that this treatment approach improves quality of life (QOL)⁵ and decreases the side effects of conventional therapies.⁶

I eventually opened my own clinic in Louisville, Kentucky, where we administered mistletoe therapies alongside AM, naturopathy, and other integrative treatments. At one point, we almost received insurance approval, and we thought the idea of a European-style clinic would become a reality. However, as with almost all such endeavors, the powers that be would not risk becoming the first to support an integrative hospital model. Yet, for 17 years, I did get to manage various aspects of an outpatient and retreat-model clinic. I witnessed so many instances where mistletoe therapy, other natural therapies, and integrative treatments had incredible impacts on people's lives. I was fortunate to have good people around me and even a couple of open-minded conventional oncologists who were willing to work with me, even if they were skeptical at first. I also had incredible teachers and mentors who empowered me to trust these treatments, such as the late Dr. Maurice Orange, MD (1953–2021), a brilliant

anthroposophic leader in Europe. I also gleaned so much from Dr. Phillip Incao, MD and Dr. Paul Scharff, MD, whose courage to heal in the face of difficult illnesses gave me the courage to think outside the box. They inspired me early on to work with mistletoe and integrative oncology.

Although mistletoe is one of the most researched integrative cancer treatments in Western Europe, it is still a lesser-known offering in North American integrative oncology. There have already been over 150 published clinical studies on mistletoe therapy,⁷ but North American awareness is just beginning to grow. An ongoing trial of Helixor® Mistletoe at the Sidney Kimmel Comprehensive Cancer Center at Johns Hopkins is definitely driving the new awareness and curiosity about this therapy. Until now, mistletoe therapy has been largely a niche therapy in North America, limited to a small group of anthroposophic physicians, who were trained in Europe or directly mentored by members of the Physicians' Association for Anthroposophic Medicine (PAAM). Now, with the publication of stronger mistletoe research, and with integrative oncology emerging as a specialized field, many new medical doctors and talented naturopathic doctors are learning about this treatment. There is an expanding interest throughout the integrative oncology world.

It is important to note that mistletoe therapy, while safe and effective, has many nuances, sub-types, and potential patient responses, which necessitate professional training. Learning these nuances and sub-types of mistletoe can be the difference between an effective treatment and a sub-par or failed treatment. That is the reason for this book. The authors are a dedicated group of clinicians who originally came together to create a training course for the safe and professional administration of mistletoe therapy in integrative oncology. It is our hope that mistletoe becomes an accepted standard of care (SOC) *adjuvant* (additional, supportive therapy) for cancer treatment in the U.S.—just as it already is in Germany and Switzerland. I believe mistletoe therapy can serve as a bridge between conventional and integrative oncology. The coauthors of this book are sincere in

this quest. We have written the book as a nonprofit endeavor, to further the cause and promote best-practices training for new mistletoe therapy practitioners.

As a practitioner-author group, the first training we co-led evolved into the initial outline for this book. That first U.S. Mistletoe Therapy Training took place in 2019, in Baltimore, not far from Johns Hopkins Hospital. Since then, we have trained or mentored more than 200 other licensed doctors. This success is due to the incredible synergy and unselfish effort and collaboration of our unique group.

Truth be told, back in 2018, I was not even thinking of planning a course on integrative oncology and mistletoe. I was getting ready to launch a new public health project called the Foundation for Health Creation (www.FoundationForHealthCreation.org). In that context, I was visiting the oncology wing at Klinik Arlesheim (near Basel, Switzerland) and speaking with Dr. Maurice Orange and Dr. Marion Debus. (At the time, I didn't know this would be my last opportunity to meet with Dr. Orange.) I complained to them about how mistletoe was often used improperly all over the U.S. because doctors had no access to good training, and yet patients were demanding mistletoe therapy. Of course, my colleagues put this right back on my shoulders, as all good mentors do! Dr. Debus said, "Perhaps you should go back to America and start a best-practices course."

I reluctantly agreed to do this, but only if my two mentors participated. Unfortunately, Dr. Orange's health was not good enough to travel, but Dr. Debus became an inspirational anchor and mentor for the new American course. Dr. Debus is an oncologist who practiced for many years in Germany and is now at the Klinik Arlesheim in Switzerland. She is both an inspiring teacher and a practitioner of anthroposophic medicine and oncology. The course we eventually developed is unusual in that it is co-taught by medical, osteopathic, and naturopathic doctors, who are all expert clinicians in their fields. We all wanted it to be this way because we believe the future of an individualized integrative oncology practice requires the collaboration of diverse clinicians and therapists.

When I returned home from Europe in 2018, I had a sense that I wanted to assemble such a diverse team—but I wasn't sure who the individuals were yet! I was fairly certain that one of the first people I should reach out to was Dr. Nasha Winters. She was already a well-known integrative oncology practitioner, author, and mistletoe therapy educator. Like me, she had also bridged mistletoe therapy with metabolic and functional medicine concepts.

Dr. Winters had developed a four-hour introduction to the basics of mistletoe therapy, which she provided through practitioner training sessions, sponsored by Helixor (the primary mistletoe extract brand available in the U.S.). In addition to her own case consulting, Dr. Winters had founded an integrative oncology training program for doctors and had also trained 175 practitioners specifically in mistletoe therapy in the past year. Her book, *The Metabolic Approach to Cancer Care*, was a bestseller. My colleague, Dr. Peter Hinderberger, already knew Dr. Winters. The two of them had been instrumental in setting up the mistletoe trial at Johns Hopkins. Dr. Hinderberger told me that Dr. Winters was a very strong and talented physician, well-known throughout the naturopathic community and beyond. She was clearly a fantastic resource for my multi-day course. I just needed to get brave enough to call her.

That moment came while I was in Wisconsin visiting Mark McKibben, a pharmacist responsible for distributing Helixor mistletoe products and many other adjuvant remedies for U.S. practitioners. It was a rainy autumn night and, after visiting with Mark much of that day, I had some time to myself. I was nervous that Dr. Winters would not be interested in this training, as she clearly already had a full plate! Finally, I made the call.

My worries were quickly disarmed. Dr. Winters wholeheartedly agreed to join the training, and she quickly became a wonderful colleague and inspiration for the course. As the rain poured down outside, I listened to her share some of her own story. She had fought her own battle with cancer, and so she could speak from a very special place of experience.

So, the initial team began to take shape: Dr. Hinderberger was also interested and, along with Dr. Debus, provided MD representation. I provided the osteopathic physician (DO) perspective, and Dr. Winters came from a naturopathic (ND) point of view. We had the foundation for a truly collaborative training. Dr. Paul Faust, ND also agreed to join the faculty. He was a close colleague of Dr. Hinderberger and knew Dr. Winters. He proved to be a fantastic teacher with a keen ability to present scientific concepts. The synergy between the five of us set the stage for a truly integrated course curriculum. It was amazing how our topics and teaching styles complemented each other. Everything felt like it fell into place. We completed that first three-day training in Baltimore in 2019, and we immediately began to receive requests for more.

For the 2020 course, we were blessed to add Dr. Mark Hancock, MD, a protege of Dr. Orange. Dr. Hancock was building a new clinic model for mistletoe therapy and integrative oncology. We were also fortunate to have Dr. Adam Blanning, MD join our crew, teaching the foundations of anthroposophic and holistic medicine. The synergy continued. The faculty contributed invaluable expertise and personality to the mistletoe training and, eventually, to this book. It is a blessing to have such generous and dedicated colleagues.

Dr. Winters first suggested the possibility of this book shortly after our first training in Baltimore. She'd actually been incubating the idea of a cowritten book about mistletoe therapy for a few years. She was sure it needed to be team-written, from multiple perspectives, and here we were: a diverse team of integrative oncologists. *Would we be interested in coauthoring a book about mistletoe therapy in the U.S.?*

If a book was going to be written, I personally was convinced we were the group to write it. The book needed to be written by those who were truly experts in the field and had extensive clinical experience. In 2020, with our faculty now numbering seven in total, everyone unanimously agreed to sacrifice their time and energy for this project. It was impressive to witness all the authors agreeing to donate all the profits of the book to mistletoe-related research, education, and treatment.

Nasha introduced us to an editor known for her expertise in natural health, and she agreed to organize our lectures and contributions into the book. The final piece of the puzzle was now in place, and everyone agreed to move forward with this special project.

As this is a nonprofit initiative, the fundraising task fell to me. However, there was so much enthusiasm for the idea, that the task was much less difficult than expected. This is where the lasting influence of Gene Gollogly (1950–2021) comes in. Gene was an inspiring leader in the anthroposophic world and an influential member of the publishing industry in New York. He so much wanted this book to come into being. He became an early champion of the project and helped us get it off the ground, even offering to help fund the book himself. In January 2021, with our team only a few months into writing, Gene unexpectedly died. In the following weeks, as we processed this shock, many of Gene's associates manifested, stepping in to maintain funding and enthusiasm for the project. One of those connections were the people at SteinerBooks and their expressed desire to serve as our publisher. It feels like Gene continues watching over this book, like a guardian angel. We hope it is worthy of his approval.

Our author team experienced yet another shock when, only weeks later, Dr. Orange passed away. All of us were connected to him either directly, as colleagues and proteges, or indirectly through often reading his research and recommendations. This double loss hit us hard, and yet it also fanned into flame our dedication to completing this book. Both of these men were true leaders: they helped people find their personal purpose and empowered them through mentoring and one-to-one encouragement. Ultimately, everyone has a short time here. It is on each of us to mentor others, just as we have been mentored, to pass along every good thing we have learned.

My experience of writing this book with my coauthors has been extraordinary. One after another, every setback that we've encountered has translated itself into an even greater strength. New helpers and solutions have appeared right when we needed them. Even our editor remarked on this unusual quality: *It almost seems like your*

book-writing journey has modeled itself after an integrative healing process. This book was written and published in roughly one year, by seven busy and very diverse physicians all with different personalities. It is no less than a miracle. It is a testament to the collegiality that has formed between us all. Also, the enthusiasm from so many others supporting the project has carried and inspired us through the difficult times.

We coauthors have strived to lay a path toward a practice of truly integrative oncology, a care environment where MDs, NDs, DOs, and many others work together in the patient's best interest. We believe this is the future of cancer care. Patient outcomes improve when a diverse and integrative faculty of experts work together to enhance care. We have all experienced this firsthand. We hope to inspire others, both clinicians and patients, to insist on this model of care. It is the only way things will continue to change for the better. We hope readers will gain some appreciation for anthroposophic, naturopathic, and integrative medicine and will support these practices in the future.

We hope this book helps to establish best-practice standards for the use of mistletoe therapy in cancer care. We hope to inspire further research, education, and the clinical practice of integrative oncology, including mistletoe therapy. We have all seen the potential with our own patients and hope that many, many others will share the same experience. This book is for both doctors and patients. We hope it serves as a doorway to new possibilities for yourselves and your loved ones. We hope it facilitates your journey to a better state of health. Further, we hope this book sheds light on that fundamental question: "What is health?"

As you'll soon see, the mistletoe plant possesses many remarkable properties. As a therapy, it represents a rediscovery of ancient wisdom. It shows us how the science of modern medicine might expand its reach and reconnect with a more human-centered medicine.

PART 1

THE LANDSCAPE OF MISTLETOE THERAPY

"Often, times of crisis are times of discovery, periods when we cannot maintain our old ways of doing things and enter into a steep learning curve. Sometimes it takes a crisis to initiate growth."

—RACHEL NAOMI REMEN, from
Kitchen Table Wisdom: Stories that Heal