



# The War on Cancer

by Ralph W. Moss, PhD, Director, The Moss Reports

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144 St. John's Place • Brooklyn, New York 11217 USA  
800-980-1234 • Fax: 718-636-0186 • [www.cancerdecisions.com](http://www.cancerdecisions.com)

## Germany: A Mecca for Cancer Patients

I recently returned from a three-week tour of European cancer hospitals. My 3,000-mile journey took me and my staff to holistic clinics in Germany, Switzerland and Denmark.

This tour reinforced my feeling, gained from three previous journeys, that these countries are world leaders in the integrative approach to cancer.

Because of their long historical traditions, and a more lenient regulatory environment, they have developed some approaches to cancer that are less toxic and more effective than what is generally available in America. Increasingly, Germany is a Mecca for cancer patients and an inspiration for holistic practitioners.

There is no single protocol embraced by all such clinics. Their small hospitals range from strictly naturopathic facilities to a few that perform clinical trials on immune-modulating drugs. But the majority practice *integrative oncology*, which means combining conventional methods (including small amounts of chemotherapy) with innovative ways of killing cancer cells and supporting overall health.

Such measures include loco-regional and whole-body hyperthermia; mistletoe extract; immune stimulants; fever therapy; ozone and oxygen treatments; homeopathic preparations, etc. They also emphasize art, dance and music therapy, as well as massage, baths and psychological support. Innovative diagnostic techniques include thermography, electroacupuncture according to Voll (EAV), and biological terrain assessment.

There is at the moment intense interest in electrical current treatments, or galvanotherapy, a technique that originated in Sweden, migrated to China, and now has found its way back to northern Europe. There is also interest in dendritic cell vaccines, which will soon be available at a number of clinics. Some are working with TM, a copper-chelating treatment that originated in Michigan. This hardly exhausts the list. German clinicians have the freedom to use many new treatments outside the context of formal clinical trials, and do not suffer from the kind of bureaucratic persecution that is so common in the US and some other countries.

At one German clinic, an American melanoma patient was given the drug DTIC in rather high doses. Normally, one would expect nausea and vomiting. But he also received whole-body hyperthermia. When he awoke from sedation, his first question was, "So, where are we going for dinner?" And in fact, that very evening he and his wife went out to eat in an Italian restaurant. So far he had experienced no side effects at all.

At another clinic, a patient with profound lymphedema of the arm after sarcoma surgery told me of his complete and total relief after one session of hyperthermia. Yet hyperthermia (a very old treatment) is rarely used in America, and is still considered highly experimental.

Many innovative clinics are located in spa towns, and they treat the person with cancer as an honored guest rather than a cipher. At some Anthroposophically-extended centers, which follow the medical philosophy of the Austrian Rudolph Steiner, PhD (1861-1925), the medical apparatus is hidden from view in attractive wooden furniture. The food varies from clinic to clinic, but some are astonishingly good. A few clinics are like gracious four-star hotels.

Germany could be called the home of alternative medicine. Homeopathy was formulated by Samuel Hahnemann (1755-1843), who came from Saxony. Naturopathy also originated in Germany, with the work of Father Sebastian Kneipp (1824-1897) and others. Kneipp emphasized diet, herbs, sunlight and water treatments. His emigré disciple, Benedict Lust (1872-1945) brought Kneipp's philosophy to America, renaming it Naturopathy. He started the first health food store in 1896.

In Germany, signs of natural healing are everywhere. A conventional German pharmacy is like an American health food store, with herbal and homeopathic treatments in the window. There are alternative clinics everywhere.

It is well-known that the Germans are crazy for walking in the mountains and woods. There is a vast network of spas, which are founded on a naturopathic philosophy. Some of these baths (such as Baden-Baden) have been around since ancient times. Others date from the 19th or early 20th century. These strange-tasting waters are filled with various minerals. Drinking or soaking in them, they soothe the body and the soul. Thermal baths provide a primitive form of hyperthermia. There are also mud baths of various kinds.

There are about 170 towns with the prefix "Bad" (meaning Bath) in their name. Each spa has a "Trinksaal" (drinking room) and a "Kurhaus" in the "Kurpark." Frequently, this Kurpark is the central focus of the town. Germans and other tourists stroll in the park, soak in the pools, and taking treatment at one of the many clinics that surround it. Facilities range from small hotels with saunas to elaborate medical centers and research facilities.

In America and England, there was once a network of baths as well, but the movement sank into obscurity, under attack from orthodox medicine. (You can still have a reasonably priced soak at the Lincoln Baths in Saratoga Springs, New York.) Nowadays, America's idea of a "spa" is an ultra-expensive resort where you pay megabucks for tiny portions of fat-free food. One week at a famous California facility will set you back \$5,375.

For cancer patients, the proximity of CAM-oriented "kliniks" to the German spas is an important feature. While patients are initially focused on their medical treatments, the comfort of the clinic helps to shape the totality of their experience. If the patient and her companion are uncomfortable or bored, this impinges on the effectiveness of the treatment. In addition, the baths themselves and the pampering all contribute to healing.

## Medizinische Woche

At the end of October, I had the honor of giving the concluding speech at the annual meeting of the German Society of Oncology. This was part of the 34th annual Medicine Week in Baden-

Baden. "Medizinische Woche" is a huge event for alternative medicine: as one indication, the program of the meeting is actually 316 pages in length! People come from as far away as Australia, New Zealand and Fiji to attend this famous meeting.

The German Society of Oncology (DGO) is composed of hundreds of cancer practitioners who integrate conventional cancer treatments with innovative supportive measures. The society was founded by Hans Nieper, MD and currently headed by Josef Beuth, MD, a researcher at the University of Cologne. My own speech was entitled "The Grand Illusion of Chemotherapy." (It is available online at [www.ralphmoss.com/dgo2000.html](http://www.ralphmoss.com/dgo2000.html).) Needless to say, it sparked considerable discussion among the attendees.

Later that week, I spoke to several hundred patients and physicians at the "Aiblinger Gespraech 2000," an outstanding meeting convened by Friedrich R. Doüwes, MD and the St. Georg clinic. It was held in the spacious Kurhaus of the charming Bavarian town of Bad Aibling. My third lecture was an address to patients at the famed Humlegaarden clinic in Humlebaek, Denmark, headed by Finn Scøtt Andersen, MD.

In all, I think that the treatments offered at these German, Swiss and Scandinavian clinics represents the best hope for cancer patients. They do not reject the good parts of conventional oncology, but attempt to integrate that knowledge into a more humane and rational treatment philosophy.

### Chemotherapy and Lung Cancer

Adding chemotherapy to radiation therapy does not prolong survival in operable, non-small-cell lung cancer, according to a large, randomized study published in the October 26 issue of the *New England Journal of Medicine*.

Two hundred and forty-two patients were randomized to receive radiation therapy alone while 246 received radiation therapy plus chemotherapy. The median survival time was 39 months in the group given radiotherapy and 38 months in the group given chemotherapy and radiotherapy. In other words, adding chemotherapy made the results a little worse.

The authors, from the Eastern Cooperative Oncology Group, concluded that "compared with radiotherapy alone, adjuvant radiotherapy and chemotherapy with cisplatin and etoposide does not...prolong survival in patients with completely resected stage II or IIIa non-small-cell lung cancer (*N Engl J Med* 2000;343:1217-22).

In an accompanying editorial, two oncologists, Desmond N. Carney, MD and Heine Hansen, MD concluded that adjuvant chemotherapy in patients with tumors that have been completely removed "should not be considered standard care."

What isn't mentioned is that postoperative radiotherapy is itself counter-indicated in such patients. Yes, it may be harmful. A major study published in the *Lancet* in 1998 analyzed the results in 2,128 patients who received surgery-plus-radiation compared to surgery alone or surgery plus adjuvant radiation therapy.

This analysis revealed a 21% increase in the risk of death in patients receiving radiation therapy. Harm was greatest for patients who had early (stage I/II) lung cancer. The *Lancet* authors concluded, "Postoperative radiotherapy is detrimental to patients with early-stage completely resected NSCLC and should not be used routinely for such patients" (*Lancet* 1998;352:257-63).

I was told by some radiologists that they intended to continue giving radiation therapy to such patients, despite the *Lancet* report. I wonder if medical oncologists will also continue to give adjuvant chemotherapy to such patients, despite the *New*

*England Journal* article? Isn't it time to take a more serious look at non-toxic treatments?

### How Are Things in Vanuatu?

One of my clients asked me to look into a new website, [www.cancer.vu](http://www.cancer.vu). It was offering a remedy for cancer, she said, which appealed to her.

What I found was scary: some nameless person or persons, whose web business was based on a small island in the Pacific, was offering a secret cancer "cure" for an outrageous price.

A scientist [they say] has discovered that the sap of a common plant has 'magic bullet' effectiveness against a wide range of cancers. But this unnamed scientist has greedy investors who are trying to monopolize the cure for their own profit. Happily, these humanitarians operating out of the island republic of Vanuatu obtained a copy of the patent application, and have made it available to the general public.

The treatment comes as both an external salve and an injectable medication. They won't say what it consists of or how it was made. It has not been approved by any regulatory body. In fact, it is sold as a veterinary product. You must assume all risks when you purchase it.

If something untoward happens (or if nothing happens) don't try to find them in Vanuatu. That's just a dropbox. They give no names, email or street addresses, or phone numbers. They announce in advance that they won't correspond in any way with anyone for any purpose.

They do claim that the product is "100% successful" for malignant melanoma, as well as brain metastases and breast, lung, colon, cervical, squamous and basal cell cancers. Oh yes, and prostate cancer, too. They give a little sample of the patent application: if you believe it is authentic, then the product was only tested in a single cancer cell line.

Ironically, the company selling this product (which, for all we know, could be distilled water) calls itself Bioethicals, Inc. Don't you just love it? They are ethical because they are making this "cure" available at "minimal cost to all cancer sufferers in the world." The minimal charge is \$2500 for 10 vials. If you took it for just three months, it would set you back \$22,500. By a lucky coincidence, Vanuatu also happens to be a center for numbered bank accounts.

I hate to attack any new cancer treatment, but if proponents of new methods are honest, they need to stand up and be counted. Paranoid fear of the FDA is no excuse. They need to make a good faith effort to have their treatments carefully evaluated by independent outsiders, including the National Center for Complementary and Alternative Medicine. A willingness to engage in cooperative research is, for me, the hallmark of seriousness in the field of cancer. Until then...Internet shopper beware!

### Immune Surveillance Confirmed

Finally, an exciting article in the *Lancet* shows that people who are immunodeficient really do have an increased risk of cancer. This so-called immune surveillance theory was viciously attacked by the "quackbusters" a decade ago, because it gave aid and comfort to non-toxic approaches to cancer.

Scientists at the Saitama Cancer Center in Japan have now shown that people whose white blood cells have medium to high cytotoxic activity of their peripheral-blood lymphocytes, have far less cancer than those whose cells have low cytotoxic activity, in fact up to 50% less. Higher rates of cytotoxic activity is associated with normal body weight, not smoking, an increased intake of green vegetables, and moderate alcohol consumption (*Lancet* 2000; 356:1795-1799). All good advice, in any case. ♦