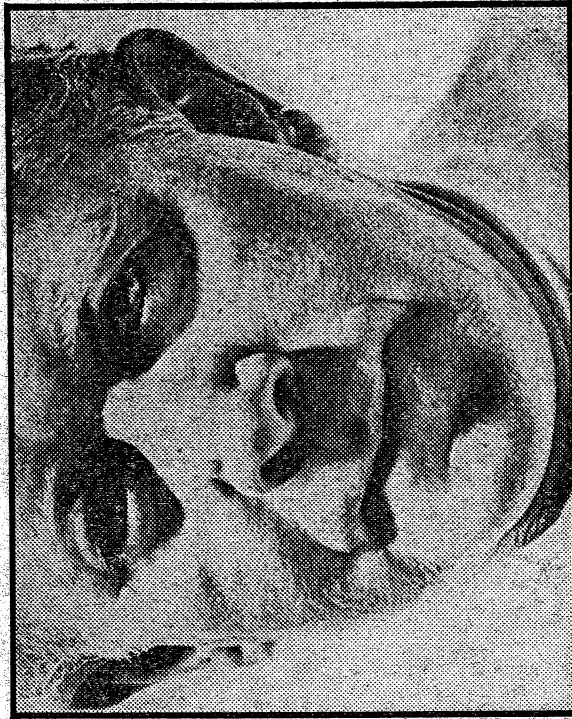


# Cancer: a defence and a critique of Dr Issels

On Thursday, the group of British doctors who recently examined the work of Dr. Josef Issels, the controversial cancer doctor, will be publishing their report. In this exclusive article, Dr. Issels explains and defends his theory of treatment for cancer. The comments set in italics and the accompanying critique are by Dr. F. J. C. Roe, a doctor at the Chester Beatty Research Institute of the Institute of Cancer Research in London.



Dr. Josef Issels.

Roe 1971A

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If we accept that cancer is a general systemic disease, each case comprising two components, the cancer disease (or the ability to develop a tumour) and the cancer tumour (the late stage symptom of the cancer disease) and if we hope to treat cancer more effectively than in the past, both components must be removed. This is the basis of the combination therapy which we have proposed since 1953. It requires fundamentally different treatment for each of the two components: causal-internal basic therapy and symptomatic tumour therapy, such as surgery, radiotherapy, chemotherapy and immunotherapy. The procedures must complement each other and cannot replace one another.

Treatment to restore disturbed natural resistance must begin with the elimination of the causal factors. Even if their pathogenic effects vary individually, the peril which the disease represents calls for removal of all factors which could be responsible for the development of the secondary damage.

Constitutional inherited allergies can be favourably influenced in time by desensitizing preparations (v. Behring, Kitasato, Spengler).

The most powerful post-natal factors which damage the whole system are dead teeth and chronically inflamed tonsils. With measurement by infra-red radiation, it is possible to demonstrate parallel pathological readings for focus and tumour. Over 95 per cent of my patients have devitalized teeth, and 98 per cent have severely degenerate non-functioning tonsils, with

retro-tonsillar abscesses, as shown by biopsy. Removal of these foci will, in my experience, nearly always slow down tumour growth, will improve susceptibility to immunological preparations and will therefore improve the results of treatment.

*There is no obvious positive relationship between hereditary allergies and cancer development, but there is some evidence of a negative relationship. There is no acceptable evidence that bad teeth or infected tonsils predispose to cancer other than, possibly, within the oral cavity. Issels' suggestion that more than 95 per cent of cancer patients have devitalized teeth and severely degenerate non-functioning tonsils would certainly have to be subjected to the most critical scrutiny, before cancer patients in this country were subjected routinely to the removal of these structures.*

In my view nearly every cancer patient has abnormal bacterial intestinal flora which causes intestinal auto-intoxication, and this I treat by restoration of the normal flora of the small and large intestine. Faulty diet is common among my patients and I substitute high-caloric unadulterated food rich in minerals, vitamins and polyunsaturated fatty acids. Elimination of emotional stress is important.

These factors can cause secondary damage to such organs as liver, kidneys, pituitary gland and others. It is impossible to treat this damage without eliminating the above factors. Accordingly auto-vaccines (and nosodes) individually prepared, are used as desensitizing agents and the regenerative power of damaged organs is promoted by general measures, including oxygen-ozone treatment and transfusions of oxygenated blood.

## Merciful forbearance

*There is no acceptable evidence that any abnormality of the intestinal flora influences either the risk of cancer development, or the progress of cancers that have already appeared.*

*It is theoretically plausible that emotional tension and stress influence immune defences which defend the body against the initial development of cancer from abnormal cells and/or the growth of existing cancers. However, the importance of emotional stress in determining the onset of cancers is not known. Most assessments of the association between emotion and cancer have been made in patient who know they have one or other form of the disease and it is difficult to be sure whether emotional stress predisposed to the cancer or vice versa. The latter association would hardly be surprising.*

*Dietary factors are known to influence both the risk of cancer development and the growth rates of existing cancers. In most cases a high-calorie diet increases both the risk and the rate of growth although there is evidence that, under defined conditions, certain essential amino acids, vitamins and minerals may protect against the development of particular forms of cancer.*

*There is no satisfactory evidence that oxygen or ozone treatment given by themselves are of any value in the treatment of cancer. Under certain circumstances however hyperbaric-oxygen increases the response of tumour tissue to the destructive effects of X-irradiation.*

Fever induced artificially by injections of vaccines which cause temperatures above 104°F have proved to be one of the most potent stimulators of stem-cells in the bone marrow. Under the influence of the thymus, these stem cells become the immunocytes which, in turn, stimulate the production of anti-bodies simultaneously, cancer cells are frequently so damaged by high temperatures (Ardenne, Lampert) that they succumb more readily to further therapeutic attack.

## Artificial fevers

The temperature and pulse rate drop under treatment, the blood sedimentation rate improves and sweating lessens. Better utilization of food and drugs is evident in significantly improved blood values and in improved resistance. But these results cannot be expected if the condition is too advanced, then even a whole body cancer therapy cannot be successful.

*There is no acceptable published evidence that the artificial induction of fever is of any value in the treatment of cancer.*

The therapy I have described up till now is non-specific for all chronic diseases, including cancer. In order to eliminate the many-sided power of the organism to develop a tumour, basic cancer therapy must be polyvalent. While surgery — which we always apply if possible — can remove the symptom of the cancer disease, that is the tumour, in a few hours, the above mentioned fight against the disease may take several months,

and demands long experience and knowledge of humoral, pathological and immuno-biological procedures.

Hand-in-hand with this "non-specific" basic therapy the tumour is attacked with specific immunological vaccines. The internal basic therapy is fundamental to every stage of the treatment of a cancer patient. This even applies to its use as a preventive in pre-cancerous conditions.

Treatment with "specific immunological vaccines" presupposes that such vaccines are available or can be prepared on the basis of existing knowledge. The meaning of "specific" is not clear. None of the vaccines or other preparations described in Dr. Issels' recent Clinical Trials Journal article are truly specific for particular cancers in individual patients.

## No obvious relationship

Our experience with the internal cancer therapy as a follow-up treatment after surgery and/or irradiation shows that 37 per cent more cures were achieved in this group of patients than by conventional methods alone. With the same treatment some inoperable tumours, could under certain circumstances, become operable. The main field of application for internal cancer treatment however lies in the 80 per cent so-called incurable cases for a certain number of whom it offers a real chance of cure. But unless the patient knows what disease he has he cannot grasp these therapeutic possibilities. Every day that the doctor withholds the diagnosis, out of supposedly merciful forbearance, can cost the patient his life-saving chance.

The fate of countless incurable patients must weigh heavily with us. Must we wait until the last question about this disease has been answered? Appreciably more cures could be achieved if we would only apply everything that we already know today about cancer.

To prove this, a double blind trial is understandably called for by scientists. But do we not already have the result of such a trial lasting decades? Cancer patients who could not be treated by conventional methods were given up as incurable and succumbed to their disease. The 0.1 per cent of spontaneous recoveries are the exception which proves the bitter rule. Every immunotherapeutic success proves the effectiveness of our therapy. We know that we are only at the beginning, and modern research encourages us to proceed further along the path.

Dr. Issels may be right that a double blind trial is needed. He is not right in suggesting that the results of such a trial are already available. In his written accounts of his theories and work he has not established a case for such a trial. But this could be because he is lacking in the formal training or experience necessary for the preparation of scientific papers, in a tongue foreign to his own. It will be one of the tasks of the visiting team of specialists from this country to ascertain whether this is so.

I define "cancer" as the ability of the body to develop a malignant tumour, and the "tumour" itself as the late stage symptom of this disease

The number of cases of cancer continues to increase rapidly in spite of an improvement in the number of cured patients. At the turn of the century, one in 40 died of cancer but today the figure is one in five. In the group over the age of 50 the number increases to one in three. This situation, which has been deteriorating for decades, can be met only by a fundamental departure from outdated concepts.

*It is misleading to state that the situation "has been deteriorating for decades". With the principal exception of cancers of the lung, the age-standardized risk of developing most forms of cancer has either been stationary or falling in both men and women since the turn of the century. It is only because the chances of dying from causes other than cancer (for example, tuberculosis, diphtheria, pneumonia) have been falling that the chances of the cause of death being one or other form of cancer have increased. In other words, the situation to which Issels refers could be "improved" by banning the use of antibiotics.*

My concern is to indicate a method of treatment which has proved successful over many years. This differentiates conventional or localistic treatment with surgery and irradiation from "whole body" therapy, which is based on empirical medicine.

## Eighty per cent incurable

The hypothesis which defines cancer as a strictly localized disease, holds that cancer cells and cancer growths develop in a previously healthy body. Once the first malignant cell has formed, a tumour develops inevitably, without the system being able to interfere in the process. The whole body is thus affected by the tumour, which results in a generalized illness, particularly marked by the spread of growth or metastases. The tumour is, therefore, considered as the initial cause of the cancer. Thus, according to the localistic theory, cancer cells lead to the cancer tumours which then lead to the cancer disease.

Since the tumour was seen as the cause of the cancer illness, its removal or destruction has been considered essential, and those patients who could not be treated by this method were still declared incurable. Effective prophylaxis, or continuing treatment to diminish the rate of recurrence in patients who have already undergone surgery and irradiation has been regarded as useless for almost 100 years.

Whereas the "localistic" theory contends that "the cancer disease arises in a previously healthy person and can only be removed through local treatment of the tumour, the "whole body" theory states that the tumour can only develop in a host which has already turned potentially cancerous due to failure of natural resistance, and that the whole body must be treated to remove the cause of the tumour development. The basic difference between the two concepts, both in research and in therapy, lies here. Many researchers agree that the final and most decisive step leading to the formation of a tumour lies in the failure of the natural resistance of the body. According to this concept a tumour develops because causal factors within and outside the body result over the years in secondary damage to organs and organ-systems, as well as in functional disturbances. The resulting damage to the detoxifying and excretory mechanisms leads to a complex metabolic disorder. This "anarchy in the system" (Sigmund) promotes the development of a milieu favourable to the manifestation of a tumour and to the weakening of resistance.

Under the continuing influence of the causal factors and the effects of secondary damage resistance is further weakened. Unlike the localist therapy, which centres on the removal of the tumour, whole body therapy is directed towards readjustment of the entire system of the carrier of the tumour with recovery of natural resistance. The symptomatic battle against the malignancy must consequently be regarded as an integral part of immunotherapy.

## Doubts about immunotherapy

Although research has been scientifically based for some time on the whole body concept, in practice the localistic concept continues, and still serves even as a scientific yardstick for the judgment of therapeutic procedures. Improvement in the number of cures achieved cannot be expected with the exclusive use of surgery and irradiation. These two principal weapons must be enlarged by a third, the internal, or immunotherapy. Only by surgeons, radiologists and immunologists working together can we offer our cancer patients a maximum chance of cure.

*Many cancer specialists would accept that by working together surgeons, radiotherapists and immunologists might well be able to improve the prognosis of patients with some forms of cancer. However the question remains open about whether the forms of immunotherapy that Issels proposes have any benefit at all.*

*Certainly, far too little attention has been paid to cancer prophylaxis. I disagree utterly and entirely with the suggestion that those who use conventional methods in the treatment of patients with cancers regard palliative treatment, designed to diminish the risk or rate of recurrence after surgery and/or radiotherapy, as useless.*

After a 100 years of surgery, 70 years of radiotherapy, 30 years of chemotherapy, and a century of indefatigable mental efforts and immeasurable material expenditure on research, we are faced with the fact that a maximum of 20 out of 100 cancer cases can be cured by therapy based on the prevailing concept. In 60 out of 100 cancer cases the illness has, at the time of diagnosis, progressed so far that there remains little hope of success in the use of surgery and irradiation. They are regarded as "primary incurables" and are given up.

About 40 out of 100 cases can be treated, with some expectation of success, by surgery and irradiation. Half of these patients treated symptomatically succumb sooner or later on account of local relapses or metastases, according to available statistics.

This brings the total number of incurables to about 80 per cent. The overwhelming majority of all cancer patients have therefore no hope of help now or in the future, from a therapy based exclusively on the localistic conception.

I believe that the treatment of cancer can only be successful under the "whole body" concept, which defines cancer not as a local ailment but as a chronic systemic disease in which the tumour is the main symptom. The latter is not the cause but the product of cancer. Thus cancer disease is a precondition for cancer tumour

*The hypothesis that "the tumour" is but a late symptom of "the cancer" is difficult to accept as a serious proposition. As it stands, the theory gives "the cancer" the status of a sort of evil spirit that can manifest itself in different ways, especially in those guilty of having emotional problems, bad teeth, or a faulty diet.*

We know that cancer cells can arise in every human body, and the older the person, the more commonly they develop. A healthy organism is capable of recognizing cancer cells as alien and of destroying them by natural resistance, and, as long as each cancer cell can thus be destroyed, a cancer tumour will not develop. Natural resistance can, however, be so damaged by various causes that the system loses its capacity to destroy cancer cells and protect itself against the formation of a cancer tumour.

*What is the evidence for the statement. "A healthy organism is capable of recognizing cancer cells as alien and of destroying them by natural resistance . . ." ? This is Sir Macfarlane Burnet's theory of immunological surveillance, but it is only a theory.*

## Commentary by Dr Francis Roe

When the controversy over the special value of the treatment offered to cancer patients in Dr. Issels' Ringberg Klinik was raised recently in this country, at least some cancer experts reserved their judgment. More and better information was needed both about the treatment methods and about the clinical results. Details were promised in an article that was about to be published in the *Clinical Trials Journal*.

Obviously the key question is: Do Dr. Issels and his team achieve better results in the treatment of patients with all (or any) types of cancer than are achieved in other hospitals and clinics? The question was not answered by the report in the *Clinical Trials Journal* and the article now presented does not answer it either. In the main survey reported in the journal, the proportion of patients who survived advanced cancer for five or more years (18.2 per cent) was not significantly better statistically than that reported for patients who received conventional therapy in two other centres (9 per cent). In any case the Ringberg Klinik patients and the controls used were not matched in respect of type of cancer, age, sex, stage of the disease, or any other parameter.

The most puzzling feature of the *Clinical Trials Journal* paper was the very brief mention of a second survey of 370 patients for which an 87 per cent five-year survival is claimed. If this figure refers to unselected cases of advanced cancer, then it is truly remarkable. No details whatsoever are given, however, and this survey is not even mentioned in the summary section of the paper.

It would be the normal procedure for the medico-scientific community to do nothing more until acceptable details and data have been published. However, the matter is of vital public interest and it is urgent to find out whether cancer patients in this country are losing the benefit of some efficacious form of therapy which only Dr. Issels and his colleagues are providing in his clinic in Bavaria.

In the meantime, the article by Dr. Issels himself does little to clarify the situation. It is concerned with theories rather than facts. But even at the theoretical level little new ground is covered. His repeated assertion that cancer is a systemic rather than a local disease is a view that has been gaining ground generally in the past 10 years as knowledge of the immunological aspects of cancer has increased. Despite this shift in opinion, most scientists engaged in basic cancer research would have as much difficulty in accepting that all cancers are wholly systemic in nature as they would in believing that all are determined solely by local factors. Perhaps of more importance is the growing acceptance that cancer is not a single disease but a wide variety of diseases that differ widely from each other in causation, manifestation and prognosis.

There is one form of skin cancer, the rodent ulcer, which is completely curable by a variety of methods in 95 to 100 per cent of cases. The average survival after the start of conventional treatment for lung cancer is less than one year; for breast cancer it is nearly four years. In both these cases the average includes a minority of patients who survive very much longer than others. Obviously the length of survival after the diagnosis of cancer of an unstated kind is an unreliable and misleading guide in the assessment of the efficacy of a special form of treatment. Indeed comparison of treatments for cancers can only be made in painstakingly careful studies where adequate numbers of patients with similar kinds of cancer are studied and attention is paid to accuracy of diagnosis, the stage of the disease at the time of diagnosis, the age, sex and habits of patients and precise details of the treatment given.

Dr. Issels' report in the *Clinical Trials Journal* falls well short of these requirements. The 88 patients considered in the main survey all had cancers of the breast, colon, rectum or uterus, but no other information about them is given. Prolonged survival and cure are easier to achieve in relation to some types of cancers of these sites than of other sites, for example the lung and pancreas. Despite the unsatisfactory way in which the results are presented, it is notable that Issels' results are not significantly better than those for unmatched patients who have received conventional therapy at other centres. Is then an expensive and carefully controlled clinical trial justified? Has a case for such a trial been made? This will be the main practical question facing the specialists from Britain who are now visiting the Clinic.

If cancers constitute a range of

diseases, it is unlikely that a single regimen of treatment would be a cure-all. In so far as Dr. Issels and his colleagues make use of conventional methods of treatment, including surgery and radiotherapy, they are tailoring treatment to the particular disease in each patient: surgery is local, X-rays are focused on the growing tumour. The systematic aspects of his treatment include psychotherapy to reduce psychic and emotional stress, removal of septic foci, such as tonsils and teeth, the correction of faulty diet, the "desensitization" of the body by a "serum activator", the administration of autovaccines, the artificial induction of fever, and the use of conventional chemotherapeutic drugs, sometimes in somewhat unconventional ways.

If the visiting experts decide that Dr. Issels' results are worth investigating in a controlled clinical trial, they will have to decide which of the various unconventional treatment methods should be examined. Most cancer experts in this country would regard the routine removal of teeth and tonsils as just an unnecessary extra bit of suffering for a patient who has enough problems already. They would strongly doubt the value of "desensitization" of the body and of treatment with autovaccines. More British experts would give credence to the possibility that lowering psychic and emotional stress is beneficial, and few would doubt that there is still much to be learnt about the best ways of using conventional anti-cancer drugs.

Of all the special features of the Issels regime, those of most dubious value are the use of a vaccine prepared from various species of mycoplasma isolated from tumour tissue by Gerlach and various preparations derived from the urine of patients with carcinomas, sarcomas and lympho-granulomatous diseases. It is difficult to believe that any agent present in the urine of cancer patients would be of the slightest benefit to other cancer patients. Previous claims to have demonstrated the presence of anti-cancer agents in human or horse urine have not found wide acceptance.

The questions to be answered by the visiting experts therefore are: Has Dr. Issels discovered a valuable method of treating cancer patients? Is the evidence such as to justify carefully controlled clinical trials in this country. If so, which of the special features of the Issels treatment should be evaluated? No doubt as each of the visitors makes up his own mind—particularly on the last of these questions—he will ask himself, "if a member of my family had advanced cancer, would I wish them to take part in such a trial?"