

# Mistletoe and the Emerging Future of Integrative Oncology

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✓ Fact Checked

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## STORY AT-A-GLANCE

- › Mistletoe, a semi-parasitic plant that grows in the branches of trees all over the world, has been used in herbal medicine for thousands of years for conditions such as epilepsy, spleen disorders, pain and rheumatic conditions
- › In 1917, Rudolf Steiner, a philosopher with keen observation skills, noticed that mistletoe looks a lot like a tumor, and proposed it might have anticancer properties. Dr. Ita Wegman confirmed Steiner's suspicion, and the plant has since enjoyed over 100 years of consistent application in oncology, both standalone and as adjuvant support
- › Intravenous or subcutaneous mistletoe appears beneficial as an adjunct therapy for all cancers, and there are no drug or health contraindications. Even the most toxic treatments work better and with fewer adverse effects when combined with mistletoe
- › Mistletoe is the most studied integrative oncology therapy in the world, and it is utilized in upward of 60% to 80% of all cancer patients in Europe
- › Your immune system and metabolic function are both integral parts of addressing cancer, and mistletoe works on both

In this interview, Dr. Nasha Winters, coauthor of "[Mistletoe and the Emerging Future of Integrative Oncology](#)," reviews some of the benefits of this ancient herb in the modern world of oncology. Winters is herself a cancer survivor, so this topic is close to her heart.

*"I'm coming on 30 years out of a death sentence, a terminal cancer diagnosis," she says, "and still to this day get met with so much resistance to what I've*

*learned for myself, and for thousands, if not tens of thousands, of other patients directly, as well as way more than that, indirectly, through the training of their physicians ...*

*My crazy controversy is that I focus more on the human organism and the health of that terrain versus the condition, the disease or the label that overlays that person."*

## **Mistletoe Has a 100-Year Oncological History**

Mistletoe, a semi-parasitic plant that grows in the branches of trees all over the world, has been used as a herbal medicine for thousands of years for conditions such as epilepsy, spleen disorders, pain and rheumatic conditions.

Just over 100 years ago, in 1917, Rudolf Steiner, a philosopher with incredibly keen observation skills, noticed the mistletoe looks a lot like a tumor, and proposed it might have anticancer properties. Many vitalistic medical practices, such as Ayurveda, Chinese medicine, naturopathy and homeopathy, for example, use the doctrine of signatures, which is what Steiner was suggesting.

*"For instance, you look at a walnut and it kind of looks like a brain and we think, I wonder if that's any good for the brain? And sure enough, we find some significance in how it impacts the brain. Or things like lungwort. When you look at it, it looks like a lung and we've learned that this herbal medicine is very helpful for lung conditions," Winters says.*

A Swiss doctor named Ita Wegman applied Steiner's observation of mistletoe to see how it would impact a patient with cancer, and the plant has since enjoyed over 100 years of consistent application in oncology, both standalone and as adjuvant support.

*"Interestingly enough ... Steiner understood that you needed to harvest different components of the plant – berries that bloom in the winter, which is very abnormal, and the leaves that grow in the summer ... and grow inward.*

*It has a very interesting behavior compared to other plants, and that was an observation of how cancer works as well. It goes against the rhythm. It grows out of sync with the organism. That is very much what he recognized.*

*And as such, he harvested the plant and aspects of the plant at different times, blended it, and then took a particular extract from it. He also noted that it needed to be injected, because you need to remember, 100 years ago we didn't know about lectins, we didn't know about viscotoxins, yet somehow, he understood that you needed to inject it to get the anticancer benefit.*

*You could take the full tincture. You could take it in other ways, and it has a lot of other medicinal impacts, but then it doesn't have the anticancer impacts, the reason being, we've learned – or at least we suspect, because we're still learning – is that those lectins and things get broken down in our GI tract and they don't get into the bloodstream; they don't access the immune system in the way they need to ...”*

## **Mistletoe Can Be Used as an Adjunct for All Cancers**

According to Winters, mistletoe is likely to be useful as an adjunct therapy for all cancers, and she, along with several other doctors, has been training physicians on how to use mistletoe for several years now.

*“One of our physicians has been using mistletoe for 45 years in his practice, and what we've seen clinically, and what the research suggests, is that this therapy, it has always been about using it with others. It plays very well with others.*

*It was never really developed to be a standalone therapy, though believe me, we've seen impact with that as well. And it has virtually no contraindications with any of our standard of care therapies. So, we can literally inject this into a patient the morning before they go into a surgery, or they can start on this therapy the very day they're going to start a round of chemotherapy or radiation.*

*It bypasses first phase detox pathways of the liver, so it doesn't interact, intervene, speed up or slow down detox processes that could otherwise cause some adverse events, or change the desired effect of a certain medication, herbal intervention or dietary intervention."*

## **Mistletoe Is a Key Cancer Treatment Adjunct**

In fact, mistletoe has been shown to enhance other interventions. Even the most toxic treatments seemingly work better and with fewer adverse effects when combined with mistletoe.

*"This should be utilized, in my personal opinion, with every patient going through a standard of care approach to just enhance their experience with treatment," she says.*

*"There are a lot of things that we kind of have to be careful with ... but mistletoe, in my experience, and that of my colleagues, is that this is probably the least harmful and least contraindicated substance and therapy I've ever had the privilege of working with. It's pretty extraordinary and rare to find something that is this applicable to the masses ...*

*As I said, it has over 100 years of continuous use, and has over 250 very good randomized studies ... It just completed a Phase 1 clinical trial at John's Hopkins in the United States as an IV application for solid tumors, and is getting ready to be moved into a Phase 2 clinical trial.*

*It is the most studied integrative oncology therapy in the world, and it is utilized in upwards of 60% to 80% of all cancer patients in Europe. In parts of South and Central America, all over Southeast Asia and India, in different parts of Europe, this is just part of their medical system ... It's just in the United States where we have a little bit of resistance to embracing it into our conventional medical system ...*

*As a naturopathic physician who's been practicing integrative oncology for some time and who has teachers, mentors, colleagues from all over the world, some of the most powerful anticancer therapies I've seen that are beneficial even to the standard of care model of treatment – things like artesunate, curcumin, quercetin, green tea extract, all of those in intravenous forms – have been taken out of our ability to use here in the United States.*

*Do my colleagues still find workarounds to get access to these very important medicines? Absolutely they do, but they have to tread very carefully and very lightly. But again, you go north of the border or south of the border and you have no problem accessing these therapies. Or go to Europe – and this is what I've been doing for the last two years.*

*These treatments that we've had great success with have been plucked out of our ability to access easily, readily, legally, so we're now having to send our patients abroad for them to actually get good cancer care.*

*That's what's really devastating to me. So, another part of my purpose and mission is to build an in-house residential research institute and integrative cancer hospital right here on our soil so we don't lose access and patients don't lose access [to helpful remedies].”*

## **Arizona Research Facility**

Winters is currently building that research institute in Arizona, which will be funded entirely by private donations and research grants. Thousands of patients are anxiously waiting for the doors to open. When asked if she isn't worried our pro-pharma agencies might shut them down, she replies:

*“We will be doing all of our due diligence to let people know that these are not FDA approved therapies, that people are coming into a research environment. They're either paying cash or they're getting grants based on their financial ability to help them cover this care.*

*We're doing it in a pretty open-minded medical state; Arizona has one of the broadest scopes of practice in the country. And we're also very close to our southern border with Mexico, so that if we do come up against someone shutting down one of our therapies for a bit, we are able to take our patients across the border to a little sister clinic to keep the continuity of care.*

*We don't anticipate that happening because people are coming as a buyer beware. They're coming being well-informed about who we are and what we're about. And frankly, we get thousands of inquiries a month from all over the world looking for this approach. The patients will drive this home.*

*It's a mighty David versus Goliath story, especially now, but I also think the time is now because we have these acts, like the Right to Try Act, and because we do have more and more patients facing this diagnosis with grim outcomes.*

*And, a study that came out in the last year that looked at 17 years' worth of conventional cancer treatments found that, overall, of the 96 different drugs they looked at, the average survival rate was 2.4 months. That is the reality and this is what's driving the clinical oncologists from around the world to sign up and take my course ...*

*So, there is this massive kind of underground movement that's starting to sprout and come above ground. That's happening. And frankly, mistletoe is one of the vehicles for that to happen ... Instead of trying to fix the model, we're just creating a new one."*

Another potential "back door" is to convince insurance companies that this is in their best interest. Mistletoe is a natural remedy and therefore cannot be patented, so there's no incentive for the drug companies to pursue it. But insurance companies may support its use once they realize how much money they can save on hospitalizations, drug coverage and everything else.

## **Mistletoe Modulates Immune Function**

Your immune system and metabolic function are both integral parts of addressing cancer, and mistletoe works on both. It's important to recognize, however, that it's not a magic bullet. If you're eating a standard American diet and are metabolically dysfunctional, mistletoe is not going to be as effective as for someone who is also eating a healthy whole food diet and supporting their health in other ways.

That said, mistletoe is an immunomodulator. Immune therapies are all the rage right now, with a majority of research dollars being funneled into them. Yet the effectiveness rate for these therapies is less than 20%. In other words, they're hardly a cure.

*"A lot of folks have heard of Jimmy Carter's melanoma story that had metastasized to his brain. He took this immune drug, Keytruda. That's a checkpoint inhibitor. The most common drugs you'll hear about are things like Opdivo, Keytruda, PD-1, PDL1 inhibitors, those are checkpoint inhibitors, or CTLA-4 inhibitors, also a type of checkpoint inhibitor.*

*These are drugs that kind of pull the breaks off your immune system to go hog wild in treating the cancer. Now that seems like a great idea – unless you have underlying metabolic dysfunction, right? Hello! And then, if you have an underlying autoimmune condition, you are also someone who's likely going to have a not so positive response to these medications.*

*What I love about mistletoe is it comes in and it modulates that teeter-totter. It doesn't take the breaks off and make it go hog wild, and it doesn't suppress. It's ... kind of adaptogenic in some ways. So, it behaves a little bit like a smart drug, in that it can sort of match itself to the individual.*

*It is not a protocol, it's a patient-driven process in that we look at the person's gender, we look at the tumor type, the tumor stage, the general condition of the patient, and then we consider the most appropriate host tree. The most common are the pine, the fir, and the apple tree hosts. Mistletoe [from these trees] tends to have the highest lectin content that have the highest anti-cancer content.*

*Then we look at the dosing frequency, and if we're going to do it subcutaneous, intravenous, intratumoral, intraperitoneal, et cetera, depending on where you live in the world and how we're going to pair it with other therapies, if at all. So, it is based totally on the individual and the individual's response.*

*We want the patient to have a little local reaction if they're injecting it. We want it to get a little redness, irritation and itchiness and maybe tenderness. We want it to raise the body's temperature a little bit ... The point is, we want to create this cytokine release at a very low-grade level. Whereas when we bring on an immune drug like Keytruda, it creates a cytokine release at an explosive level that can sometimes be fatal for patients."*

## **Other Mechanisms of Action and Synergies**

Similar to drugs, mistletoe also has a systemic effect. It doesn't target a specific receptor site. Instead, it's a systemic terrain-centric approach. In its mechanisms of action, it's engaging with B-cells, T-cells, natural killer (NK) cells.

It will basically calm those that are acting overzealous, to prevent an excessive immune reaction, and activate those that are dormant or underperforming. Mistletoe also reduces inflammation, lowering your levels of C-reactive protein, interleukin-6, homocysteine, liver enzymes and more.

It also lowers vascular endothelial growth factor (VEGF), which can be important for certain cancers, and it lowers blood sugar and insulin. Winters also suspects mistletoe may be upregulating both the endorphin and the endocannabinoid system, so you're getting stress modulation as well.

*"So, it's hitting all of what we call 'The Terrain 10,' from my previous book, 'The Metabolic Approach to Cancer.' I find that mistletoe tends to hit every one of those ... including epigenetic expression ... clean up of DNA.*

*We use it for people who've gone through radiation. We'll use it as a DNA stabilizer. We'll use it if people have taken a course of Cipro [and other*



*fluoroquinolones] to help clean up the metabolic mayhem, the DNA damage that they cause. We know that it has some impact on insulin and IGF-1.*

*In our book, we have hundreds of references to all of the different mechanisms of action. My colleague, Dr. Paul Faust, [has written] a beautiful chapter on its direct impact on the immune system and all the nuances of that.*

*That chapter alone will illuminate for so many people why this therapeutic support and this therapeutic intervention is so helpful for the cancer patient, for prevention of cancer, for cleanup after cancer treatment ...*

*And the synergy, when you pair mistletoe with hyperthermia, like so many of my colleagues in Europe have been doing for the past 50 years, talk about the biggest bang for your buck. We see some pretty extraordinary outcomes.*

*I've had patients go to Europe with Stage 4 [cancer], metastatic disease everywhere, getting IV mistletoe along with local, regional and whole body high-heat hyperthermia that have put their cancer into complete remission in many cases, but at the very least, turning it back into a manageable disease process, and even more interesting, increasing the responsivity to other therapies again."*

## **More Information**

The good news is the number of doctors trained in this therapy is growing, and the treatment itself is only between \$200 and \$300 a month, so it's highly affordable while also being highly effective. I think it would be beyond irrational not to integrate this into any cancer therapy you're considering.

Again, for cancer, oral supplementation is ineffective, as the lectins responsible for the anticancer effects are broken down in your GI tract and therefore can't enter your bloodstream.

The Physicians' Association for Anthroposophic Medicine (PAAM) sponsors Winters' mistletoe trainings. While most are held in person, there's now also a course available

online for licensed physicians. There are plans to take a group of physicians to Europe for immersive in-hospital training in the fall of 2023. Here's a list of resources where you can find more information:

- [AnthrosophicMedicine.org](https://anthrosophicmedicine.org) offers articles, research, books, webinars and more. To locate a clinician trained in the proper administration of mistletoe, see PAAM's [health provider directory](#).
- Clinicians interested in training, visit the [education section](#) of PAAM's website. The next annual training conference will be held in Loveland, Colorado, April 29 through May 6, 2023.
- [Metabolic Terrain Institute of Health](#) (MTIH) is the not-for-profit association cofounded by Winters that is building a research hospital in Arizona. MTIH also offers a master course for practitioners, and grants to help patients access these therapies. Certified practitioners can be found on [terrain.network](https://terrain.network).

These practitioners include medical doctors and oncologists who have been taught Winters' methodology of testing, assessing and treating cancer (which includes but is not limited to mistletoe therapy). MTIH certified practitioners are also listed on [DrNasha.com](https://DrNasha.com).

- [Mistletoe-therapy.org](https://mistletoe-therapy.org) is a European website that offers helpful information for patients and scientific papers directed at clinicians.
- A load of resources are found on the book's website: [www.themistletoebook.com](https://www.themistletoebook.com). Proceeds from this book go to fund clinical research and contribute to physician training.

Last but certainly not least, you'll want to pick up a copy of "[Mistletoe and the Emerging Future of Integrative Oncology](#)." It's an excellent book.