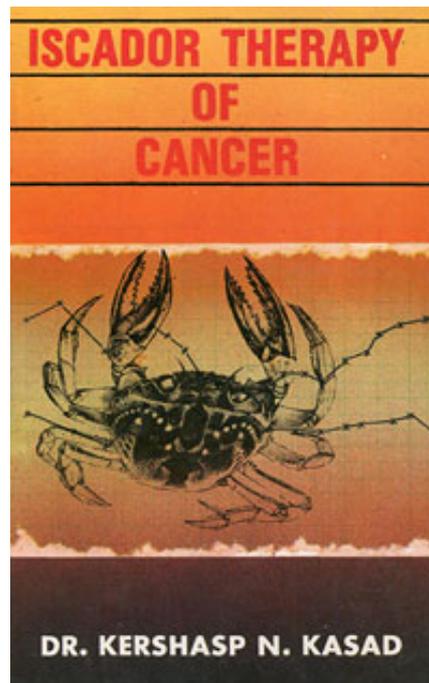


Kershasp N. Kasad Iscador Therapy of Cancer

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CHAPTER 8

CANCER : SPONTANEOUS REGRESSION

Experimental oncologists have known for years that neoplasms regress. This regression may be seen readily in tumours transplanted into new hosts. The host recognizes the tumour as foreign tissue and, thus, tends to reject it immunologically. In the human, examples of tumour regression are quite rare and could also be explained on the basis of host immunity to the tumour, although in some instances such a mechanism may not explain the peculiar reaction of the neoplasm. Certain types of tumours appear to differentiate into adult benign tissues after initially having demonstrated malignancy. This is quite compatible with the concept that neoplasia is basically a disease of differentiation.¹

The best studied example of a "controlled" reversion of differentiation of a neoplasm to normal tissue is seen in the plant - the crown gall tumour and other plant neoplasms, such as, a teratoma. In animals, carcinogen-induced epidermal carcinoma in amphibians will differentiate into normal cells and ultimately disappear from the organism; so also malignant teratomas in the mouse which may be produced experimentally or occur spontaneously.

In man the neuroblastoma of childhood may differentiate spontaneously in a small percentage of cases to a benign ganglioneuroma. In addition, some experiments have demonstrated that somatic cell hybridization of a normal cell with a malignant cell may result in a cell with "normal" properties. In some laboratories similar experiments have given variable results; hence no precise conclusions could be drawn.¹ Cancer in man can undergo spontaneous regression occasionally.

The types most commonly regressing, in order of frequency, are: adenocarcinoma of the kidney, neuroblastoma of the adrenal medulla, malignant melanoma, chorioncarcinoma, carcinoma of the bladder and soft tissues, and bone sarcomas. These make up 70% of recorded, verifiable cases. Others reported as rarely undergoing regression are carcinomata of the testis, ovary, breast, rectum and colon. Regression of tumour metastases have been reported following removal of the primary tumour, as observed in renal cell carcinoma.

Regression of tumours observed at times in patients under intensive *Iscador*[®] therapy has provoked a reaction time and again by way of an objection that such

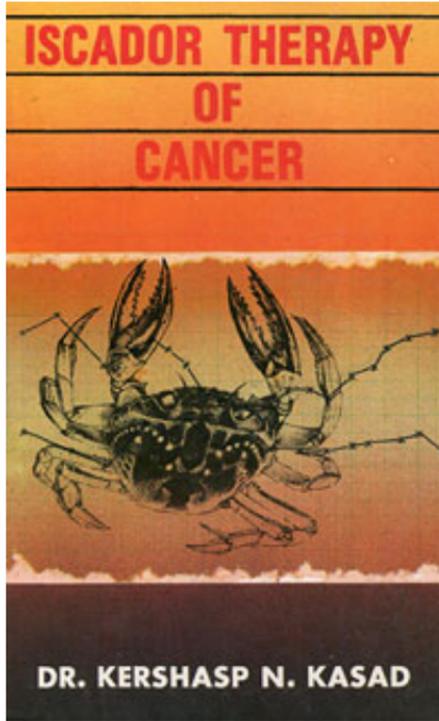
regression can occur spontaneously - without treatment. This objection needs to be countered effectively. With the assistance of the American Cancer Society, there appeared in 1966 an exhaustive monograph on "*Spontaneous Regression of Cancer*". The authors, Everson and Cole⁵⁵, Professors of Illinois, found in the entire world literature from 1900 - 1965 and from their own observations only 198 proved cases of cancer, in which primary tumours, relapses and metastases receded spontaneously or had come to a standstill. Under the term "spontaneous", they understood that the regression occurred without any treatment, or in the presence of therapy, which is considered as inadequate to exert a significant influence on malignant neoplasms. It is today estimated that spontaneous healing of cancer occurs in the ratio of 1 : 100,000⁵⁶ or 1 : 80,000⁵⁷, i.e. in 0.00125%. Everson and Cole detected only 198 cases of spontaneous involution of cancer out of millions of patients comprised in their global survey. Leroi A. and Leroi R.⁵⁸ presented a report of 50 cases of cancer remission under therapy with the preparation 'Viscum Hiscia', out of 3000 cases treated likewise between 1940 - 1968; these are 1.6% or 1.60. The difference is approximately 1000 times as big as the mean error value (t-Parameter), and is thereby certainly greater than the conventional safety value of about 4. This should suffice to prove that the results of therapy rest on the curative effect of the employed *Viscum* preparation and cannot be lightly dismissed as spontaneous remission without treatment.

Braun⁵⁹ gave an impressive evidence for the reversal of the malignant tumour growth, through the influence of the organism, the terrain, on the cell-structure. Repeated inoculations of Teratoma of the tobacco plant on to the healthy tobacco-plants led by degrees to the loss of malignity, origin of plant-like intermediate stages and finally to normally constituted plants. This striking reversed metamorphosis of cancerous growth is similar to that observed in human bladder and rectal cancers.

An antagonism between inflammatory diseases and cancer has since long been suspected. This is based on the observations of the occurrence of a small quota of inflammatory diseases in the anamnesis of cancer patients. The occasional cases of spontaneous healing of cancer were observed almost always in the course of febrile illnesses, especially Erysipelas and Pneumonia (Wolff, O.⁶⁰, Huth⁶¹)- Herein lies the therapeutic significance of fevers, which is still today largely misunderstood or ill-understood. Viral infections in childhood play a decisive role in warding off cancer in later years of life. Children emerge stronger in general through the natural course of these acute febrile episodes, provided they are not suppressed by too strong drugging. Viruses have a certain significance in the genesis of cancer in animals and in man, e.g. Burkitt's Lymphoma in African youth. Viral infections in adults, e.g. Influenza and Viral Hepatitis, pave the way to malignancy. It is still a question whether viruses are primarily carcinogenic or play only a secondary role in penetrating a susceptible soil. But there is a great difference between viral and bacterial infections. Conversion of tumours into sterile abscesses with partial regression of the former under Iscador⁶², along with the temperature rise, also point to fever and

inflammation as promoting a healing process in tumours. Dr. Rudolf Steiner in 1920 in his lectures to an audience of doctors, characterized explicitly this contrasting polarity of Cancer and Inflammation.

He also pointed out another polar antithesis of Cancer and Mania.⁶³ Cancer and Psychosis have been known to occur in the same patient in alternation. Dr. Samuel Hahnemann in his "Organon of Healing" drew attention to "Alternating Diseases" and "One-sided Diseases" - local or somatic and mental or psychic. Cancer and Schizophrenia are typical examples of alternating diseases; they should be looked upon not only as alternatives, but also as polar opposites to each other. Cancer regresses as the Schizophrenic process gains the upper hand, and vice versa. There seems to be a relative freedom of cancer in the schizophrenics and the insane. There is even a diminished incidence of cancer in the family of schizophrenics. Mentally ill are remarkably resistant to organic diseases. These three modes of illnesses - Inflammation, Cancer and Insanity - demand re-orientation in thinking, quite different from that still dominant in medical science. The crisis of the hour - when every 5th or 6th human being dies of cancer - demands a holistic, psychosomatic approach, even in cancer.



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420 pages, pb
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