

Experience reports on the treatment of malignant tumours with anthroposophic mistletoe preparations

Dear Colleagues,

We request reports on your approach using mistletoe preparations in patients with malignant tumours and haematological diseases. Your repeated positive experience when indication, mistletoe preparation and method of application are the same would be of particular value. Please do not hesitate to tell us in what percentage of patients treated by you in this way the treatment progressed well. We are grateful for particularly impressive single cases, but they should be marked as such. Several questions can have alternative answers, e.g. the specific mistletoe therapy may have been chosen because of tumour entity, the clinical stage of the disease (adjuvant/advanced/terminal), accompanying complaints or because of the individual constitution of the patient.

Please use the free text field on page 5 if you wish to make your report in your own words.

If you wish to discuss anything, please notify us by email at editor@vademecum.org.

You can download the current form at www.vademecum.org.

- Please use one form per indication and tick as appropriate.
- Please use Adobe Reader also on Mac computers. The Preview Apple program is not suitable for completing PDF forms.
- This form can also be used prospectively: Please consider including it or its contents in your current and future patient record!

A Indication

In what clinical situation do you have experience with a specific mistletoe therapy?

Curative/adjuvant

Locally advanced

Systemically advanced

Terminal stage

With what tumour (organ, histology as relevant, TNM, grading)?

B Therapeutic aim

What therapeutic aims do you follow with your treatment?

Aim 1

Aim 2

Aim 3

C Constitutional perspectives

Do constitutional or other perspectives also play a role with regard to the form of mistletoe therapy chosen by you?

Yes No

If yes: what are they? Please tick any that apply with a brief explanation or additions in key words.

Gender

Age

Strength/warmth regulation

General constitution

Other, not specified

D Preparation and application method

Which preparation(s) (host tree, manufacturer and additives, as applicable) do you use with which application method?

Are there particular considerations in your choice of preparation(s)?

Yes No

If yes: what are they?

E Dosage

Dosage (complete preparation designation, single dose, dosage interval)

- Initial dosage

- How do you increase or adapt the dosage? What target dosage do you achieve?

F Therapy adjustment

Please specify your criteria/reasons for any dosage adjustments, host tree changes, preparation and/or application changes required.

G Onset of effectiveness

- What improvement in symptoms or other changes (local reaction, temperature curve, etc.) signal that the therapy is working?

- How long after the treatment has started do these initial changes occur?

H Treatment effect

Approximately how many patients have you treated for this indication in this way?

What are your observations with regard to the procedure described in relation to the therapeutic aims specified under B)? To what extent are these therapeutic aims achieved? To what extent are other improvements observed?

Can you approximately quantify the treatment effect of mistletoe therapy: in what percentage of the patients treated by you in this way do you achieve a satisfactory treatment effect in relation to the therapeutic aims specified under B) – which you attribute with great likelihood to the influence of mistletoe therapy.

Therapeutic aim 1	in	% of patients*
Therapeutic aim 2	in	% of patients*
Therapeutic aim 3	in	% of patients*

* Only complete if not a single case. Related to the number of patients specified previously.

Period from the time that treatment was started to the time the therapeutic aims were achieved:

I Duration of therapy

How long did the treatment last overall? Were there breaks in the treatment and, if yes, how many and for how long?

J Differential treatment

To what extent are the constitutional perspectives specified under C) important with regard to your differential treatment? When would you not undertake treatment as set out above?

K Side effects

Do you see unwanted to “wanted” side effects (e.g. fever)?

Please specify the type of side effects, how frequently and when in the course of the therapy they occurred, at which dosages and with which preparation. Were there special surrounding circumstances which you consider to have been (co-)triggers?

L Accompanying therapies

Please specify, as relevant, any other necessary or useful measures and therapies for achieving the therapeutic aim (anthroposophic medicine, nursing measures, anthroposophic therapies, complementary medicine, conventional medicine).

M Free text field

Please use for comments or for the free formulation of an indication.

Declaration of consent

I hereby consent to the publication of the above information in a future edition of the *Vademecum of Anthroposophic Medicines* published by the *Gesellschaft Anthroposophischer Ärzte* (GAÄD).

Yes No

I hereby consent to the inclusion of my name in a future edition of the *Vademecum of Anthroposophic Medicines*.

Yes No

Date in the format DD.MM.YYYY

First name	Last name	Title
Address		
Postcode	Place	Country
Telephone	Fax	
Email		

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