Unproven Methods of Cancer Management

The following statement was recently distributed to the 58 Divisions of the American Cancer Society for their information.

Issels Combination Therapy

After careful study of the literature and other information available to it, the American Cancer Society does not have evidence that treatment with the Issels Combination Therapy, or with Carcin, CH-23 and Fresh Cell Therapy, is of objective benefit in the treatment of cancer in human beings.

The following is a summary of information on the Issels Combination Therapy in the American Cancer Society files as of November 3, 1971.

Therapy

The Issels Combination Therapy is designed to accomplish both the building up of the "whole body" and its natural resistance to cancer and the destruction of the tumor cells already present in the body. For this reason it includes correction of "faulty diet;" removal of foci of infection, such as tonsils and teeth; fortifying and increasing the intestinal flora with special bacterial and enzyme preparations; "desensitization of the body" with autovaccines and nosodes, individually prepared; artificially induced fever by injections of vaccines; treatment to restore the regenerative powers of damaged organs by general measures, including oxygen-ozone treatment and transfusions of oxygenated blood and the elimination of psychic and emotional stresses with psychotherapy.

For treatment of the cancer itself, they use surgery, which, as Dr. Issels stated in an interview published in The London Times in 1971, "we always apply if possible," and "specific immunological vaccines."

The earliest item in the American Cancer Society files concerning a specific immunobiologic substance used by Dr. Issels to treat cancer is an article by him in 1956, discussing the use of Novo-Carcin, or Neo-Carcin, in the treatment of cancer. In a prospectus put out by Pharma-Biologica S.A., Lugano, Switzerland, dated 1950, the nature of this product was described as follows:

"The preparation is a conglomeration of active anti-cancerous substances. It contains some glandular extracts, some organic and inorganic substances, some extracts from plants, some corrective substances, some polypeptides in the same way as mesothorium and thorium X in oligodynamic dosage.

"Neo-Carcin" is used as an active and specific adjuvant for the treatment of malignant tumors (carcinoma, sarcoma, lymphgranuloma) in all stages of the disease and equally for the humoral deterioration of the 'cancerous dyscrasia.' The treatment, according to the case, will last from 32 to 62 days."

Another product which Dr. Issels was reported to have used to treat cancer was CH-23, also called F-16, which was proposed by Prodan Christoff, a biochemist
living in Bavaria. At the time that Dr. Christoff's private clinic was opened in early 1967, it was reported that Dr. Issels had been interested in CH-23 for several years, and that while waiting for the opening of Dr. Christoff's private clinic, Prodan Christoff had stayed at Dr. Issels' clinic. In 1963, Dr. Issels was also reported to be using the Fresh Cell Therapy of Dr. Paul Niehans of Switzerland.

In 1970-71, when there was a renewal of interest in the methods of cancer treatment used at the Ringberg-Klinik due to an extensive report on a cancer treatment success there on a British television program, Dr. Issels was said to be using two vaccines; one prepared by himself, the other, a cancer serum prepared from mycoplasma by Dr. Franz Gerlach, a veterinarian, who has been working at the Ringberg-Klinik since 1957.

**Rationale**

In *The London Times* interview in 1971, Dr. Issels stated:

"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 complete metabolic disorder. This 'anarchy of the system' (Siegmund) 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 effect of secondary damage resistance is further weakened. Unlike the localist therapy, which centres in 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.

"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."

**Proponents**

In 1953, a newspaper article which appeared in *Süddeutsche Zeitung* reported that the Ringberg-Klinik for Chronic Diseases and Tumors had been in operation for approximately three years. It was a 'cancer hospital' founded and operated by a 45-year-old physician, Dr. Josef Issels, who in 1953 had two assistants. There is no other
information concerning the background of Dr. Issels or the Ringberg-Klinik, in the American Cancer Society files.

In 1957, following the publication of an article in an Austrian technical journal concerning the possibility of treating cancer with the help of the Gerlach vaccine, Dr. Franz Gerlach, a veterinarian who was reported to be 74-years-old in 1970, joined Dr. Issels at the Ringberg-Klinik and was furnished with three laboratories in which to work.

**Court Actions**

On September 15, 1960, Dr. Issels was arrested for fraud and manslaughter: fraud, because he was reported to have promised cures to terminal patients and manslaughter on the charge of "homicide by negligence" of three cancer patients who died under his care after refusing surgery which might have saved their lives. The case came to trial in the summer of 1961. After a trial lasting almost seven weeks, charges of fraud were dropped and Dr. Issels received a suspended sentence of one year in prison for manslaughter.

The case was appealed, and on May 3, 1962, the German Supreme Court reversed the one year jail sentence and ordered the original trial court to rehear the case. In 1964, the case was being heard again, and in 1965, the judgment in the earlier trial was reversed on the grounds that Dr. Issels could reasonably believe to have cured cancer patients with his Combination Therapy.

**Investigation**

In 1970, the Co-ordinating Committee for Cancer Research in England, which represents the Joint Cancer Research Campaign, the Imperial Cancer Research Fund and the Medical Research Council, appointed a Committee of experts to visit Dr. Issels' clinic, if that would be agreeable to him, and investigate the work being done there. On March 6, 1971, an item in *The Lancet* stated:

"...We are convinced that Dr. Issels believes implicitly in the treatment he gives. We think he does a great deal to help most of his patients. We sadly think, however, that he is misguided in his beliefs and that the treatment peculiar to his clinic is ineffective." Thus concludes the report, published on Wednesday, to the Joint Coordinating Committee on Cancer Research by a party of six observers from Britain who visited Dr. Issels' clinic in Bavaria for five days in January. The fact that so many patients go to the clinic to find something they fail to receive at home is, the report adds, more a reflection on the medical service they leave than a credit to Dr. Issels' particular treatment.

"The British visitors spent much of their time doing ward rounds, visiting laboratories, and making note-extracts. They saw 121 patients who were in the clinic at the time; and in no patient in whom disease was detectable at the time of admission to the clinic was there evidence of complete tumour regression by January 1971. They also saw a further 48 patients in whom, over the years, successful treatment of advanced cancer was claimed. Thirty-seven patients were excluded on the grounds that 28 seemed to have had no evidence of residual disease when treated in the clinic, 6 were treated by Dr. Issels with cytotoxic drugs, 2 had their tumours removed surgically after Dr. Issels' treatment, and 1 probably never had cancer. Eleven patients were left for consideration who had received only the treatment peculiar to this clinic and in whom there was some evidence to suggest that there might have been a tumour response. All but 3 of these 11 possibilities rested on such slender evidence that only by giving the benefit of much doubt could they be included, and the remaining 3 all
showed unusual features. The main cause of confusion about the success claimed has arisen, the report concludes, from the acceptance, by all concerned, of the misdiagnosis elsewhere of severe radiation reactions as residual tumour.

"Among the many items in the Ringberg treatment, one that has been prominently mentioned is Prof. F. Gerlach's mycoplasma vaccine; but it seems that this is now used in a highly diluted form which Gerlach himself regards as of no value. An appendix to the report gives brief descriptions of the drugs given in the clinic, mostly taken from the manufacturer's leaflet. Several of the descriptions are hard to follow."

"The observers express their gratitude to Dr. Issels for a warm welcome, unfailing courtesy, and kindly hospitality. Everything they asked to see was at once available, without reservation."\(^7\)

References

1. Cancer: a defense and a critique of Dr. Issels. With commentary by Dr. Francis Roe. The (London) Times, February 2, 1971.
2. Issels, J.: Gedanken zur internen Behandlung von Tumorkranken; Erfahrungen mit Novo-Carcin. [Thoughts on the internal therapy of tumor patients; Experience with novo-carcin.] Hippocrates 27: 173-180, 1956.
3. Carcin and neo-carcin. Ca 11: 151-152, 1961.
4. CH-23. Ca 18: 174-175, 1968.
5. Fresh cell therapy. Unproven Methods of Cancer Management, 1971.
6. Zwei monate gnadenfrist für die krebsklinik [Two months' respite for the cancer clinic.] Süddeutsche Zeitung, September 16, 1953. P. 6.
7. Ringberg clinic. Lancet 1971, i. 488.

Bibliography

Evans, B.: Postscript to the Issels affair. If Bavaria is kaput where, precisely, can patients go in Britain. Here and Now. World Medicine, March 10, 1971. British refute Issels' claims. International comments. J. A. M. A. 216: 529, 1971.

On A Medical Curriculum

There are many ways of killing a cat besides choking it to death with butter. The S. P. C. A. with its long experience in dispatching cats probably has a method which is least inconvenient to the cat but which gets the desired result—a dead cat. Similarly there are many ways of setting up a medical curriculum to educate the student for the effective practice of medicine but, unlike the dead cat, there are no well-grounded criteria for evaluating the results achieved under different curricular plans. —Philip B. Armstrong, M.D., Random Thoughts on Medical Curricula. The PHAROS 34: 79-82, 1971. P. 79.