

THE POLITICS OF CANCER:

PART SIX

Although three independent studies have confirmed the unique value of his treatments, the medical establishment has subjected Dr. Issels to continuous personal and professional harassment.

SUPPRESSION OF ALTERNATIVE CANCER THERAPIES: DR. JOSEF ISSELS

BY GARY NULL and LEONARD STEINMAN
with special assistance by Kalev Pehme

THE POLITICS OF CANCER:

PART SIX

Although three independent studies have confirmed the unique value of his treatments, the medical establishment has subjected Dr. Issels to continuous personal and professional harassment.

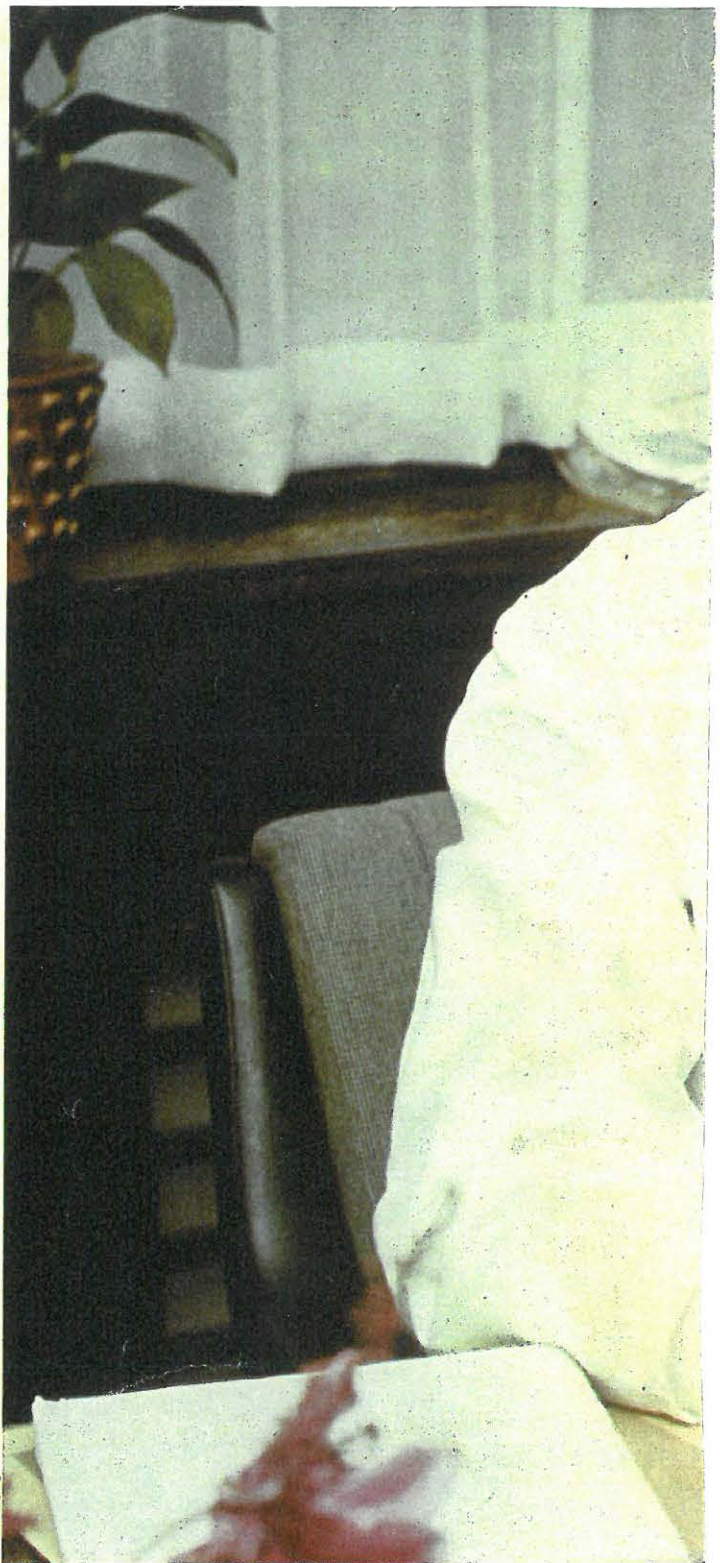
SUPPRESSION OF ALTERNATIVE CANCER THERAPIES: DR. JOSEF ISSELS

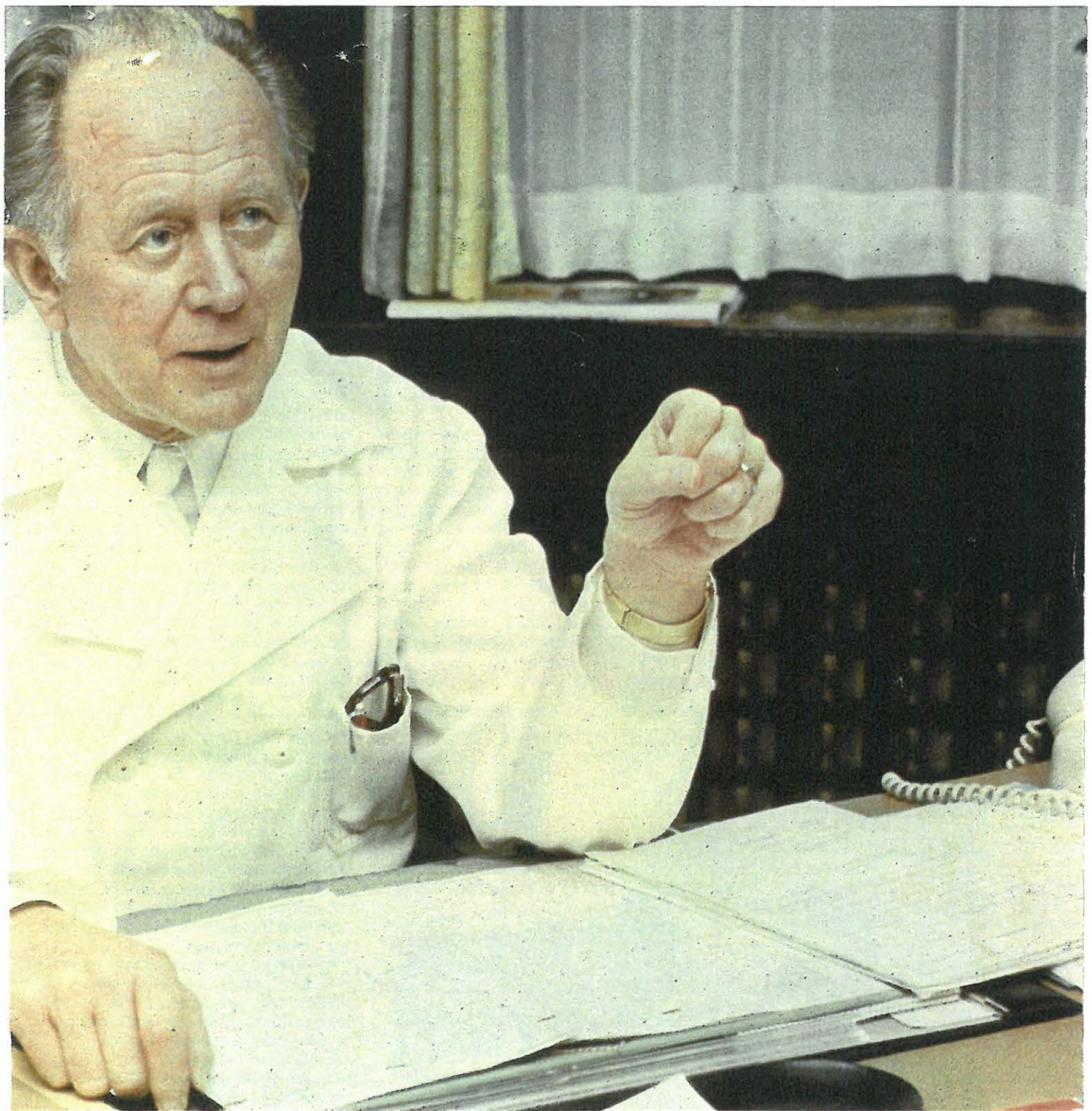
BY GARY NULL and LEONARD STEINMAN
with special assistance by Kalev Pehme

Tucked among the foothills of the Bavarian Alps, close to West Germany's border with Austria, lies Rottach-Egern, a tiny Bavarian town that would go completely unnoticed by the Western world—if it were not for the fact that it happens to be the place where Dr. Josef Issels, perhaps the world's most controversial cancer specialist, has his cancer clinic.

Seventy-two years old now, Dr. Issels is tall, with deep-set eyes and a receding, silver-white mane. More than 30 years have passed since he began specializing in the treatment of cancer after clearly formulating his concept, based on the scientific evidence, of what cancer is. As a British Broadcasting Corporation television documentary about Issels, completed in 1970, stated: "The Issels concept is that a healthy body cannot develop cancer. Therefore he believes the entire

BBC Copyright





metabolism of the body must be treated. Cancer cells which may lie dormant in everybody become active only when the body is no longer capable of destroying them. Conventional treatment is not enough. He says that often surgery and radiation only stop the cancer temporarily. It can return later as secondary tumors. To him cancer is a local symptom of a general body deficiency, a sort of red alert that the whole body is in danger. . . ."

The BBC documentary "Go Climb a Mountain," encapsulating the results of some two and a half years of research and investigation of the Issels clinic, was aired amid controversy on November 3, 1970, after repeated attempts by powerful members of the British medical community to block its production and, that failing, its broadcast. The sensation it

caused among its audience—a near record of 14 million British viewers—so alarmed the pillars of the British medical establishment that they redoubled their efforts, through the government, to prevent any reruns. They were successful: the film has never again been shown.

Ten years earlier the German medical establishment almost succeeded in destroying Dr. Issels. Through their influence and pressure, some of its leaders managed to persuade the public prosecutor to bring a criminal indictment falsely charging Dr. Issels with manslaughter and fraud. The two trials in this case, among the most celebrated in German medical and legal history, not only resulted in his complete exoneration in 1964 but also exposed the sole reason for framing him: he had refused to conform to conventional med-

icine's narrow concept about how cancer should be treated.

Since the late forties, thousands of terminal cancer patients have sought out Dr. Issels and his treatment.

Three independent studies of Dr. Issels's medical records, conducted by qualified experts of high reputation, have confirmed a 16.6 percent cure rate lasting more than five years among all the *terminal* cancer patients treated by Issels with his combined therapy. No other doctor or hospital in the world comes close to this cure rate.

There is a considerable difference between *cure* and *five-year survival*. Conventional medicine considers the latter to be the *equivalent of a cure*. That this conception is a myth becomes clear when we consider the distinction between *cure* and *survival*. In *cure rates* we are dealing with the number of cases out of the total treated in which, because of the therapy given, cancer completely disappears from the body or continues to remain in complete or prolonged remission without recurrence or relapse. *Survival rates*, on the other hand, have to do only with the ability of the patient to survive for a period of years despite the recurrence, relapse, or continuing presence of cancer in his body.

In 1959 Dr. Arie Audier of Leiden University in Holland alerted the world that Dr. Issels was actually curing terminal cancer patients who had been declared incurable. That, at least, was the clear implication of his study of 252 terminal cancer patients treated by Dr. Issels more than five years previously. The cases he analyzed involved more than 35 different types of cancers, from metastasized breast and progressive liver cancers to metastasized prostate and progressive colon-rectal cancers. In each case the diagnosis had been independently established and microscopically confirmed prior to the patient's admission to Dr. Issels's clinic.

The Audier study, published on October 3, 1959, in *Die Medizinische*, a principal German medical journal, found that of these 252 *terminal* patients, 42, or 16.6 percent, were alive, well, and *completely free of cancer* five years after receiving Issels's treatment.

Another study 15 years later showed that, of these, 39 were still alive, well, and cancer free. Dr. John Anderson, a distinguished cancer authority on the faculty of King's College Hospital in London, concluded—after a careful review of terminal cases treated by Dr. Issels—that Audier's finding of a 16.6 percent cure rate could be projected for *all* the terminal cancer patients treated by Issels's therapy. The team of experts quietly retained by the BBC, prior to its production of "Go Climb a Mountain," reached the identical conclusion.

An appreciation of the dimensions of the Issels cure rate in terminal cases requires comparison with the statistics for

orthodox or conventional medicine. In the United States the terminally ill cancer victim has virtually no chance to survive five years, let alone be rid of his cancer. For primary cancer—cancer that has not yet spread to other sites of the body—the overall odds for survival after conventional treatment are one in three. Once the cancer has begun to metastasize, however, the five-year-survival-rate odds fall off sharply. When the metastasized or spreading cancers become untreatable, inoperable, or incurable, the patient is said to be terminal. In the case of cancer of the kidney, for example, the five-year survival rate is 34 percent. But if it metastasizes, the rate drops off to five percent; and once the cancerous condition becomes untreatable by surgery, radiation, chemotherapy, and other conventional means, the rate drops to zero. In other words, the five-year survival rate cited by conventional medicine does not mean disease-free survival, nor does it mean remission. In Dr. Issels's definition the five-year survival rate means, for the most part, the patient has lived for at least five years with no trace of cancer in the system. In fact, some of Dr. Issels's patients are alive and well 25 years after receiving his therapy, without a single sign of cancer recurrence.

Yet, the old guard in the cancer establishments of the United States, Great Britain, and West Germany contend that Dr. Issels is a charlatan. Instead of objectively looking at his work, they attempt to discredit his work and his character.

The remarkable 16.6 percent cure rate Issels has achieved in terminal cases is perhaps the most dramatic evidence of the effectiveness of his therapy. He employs the same therapy to prevent cancer recurrence after surgery, irradiation, or both, and his results in this area appear even more impressive.

In 1970 a follow-up study was made of 370 such patients treated by him up to 1960. They had received his therapy after undergoing surgery and irradiation by their prior physicians. The results: 15 years afterward 322 or 87 percent (as he reported in *Clinical Trials Journal*, a British medical publication) were still "alive and well . . . with no relapses or detectable metastases to date." World statistics, on the other hand, show a relapse rate of 50 percent. It therefore appears that Issels's therapy, if given shortly after surgery, irradiation, or both for primary cancer of any type, enhances the odds against relapse by 37 percent; in other words, his follow-up therapy reduces the danger of cancer recurrence to 13 percent.

Before becoming a cancer specialist, Dr. Issels as a young surgeon repeatedly witnessed the recurrence of cancer in patients despite their having undergone surgery and radiation. As far back as 1935, he noted that this appears to be due to the fact that surgery and irradiation "merely deal with the local area of the tu-

mor without affecting the underlying cause" that enables the tumor to develop in the first instance. "There is need," he wrote then, "to examine into the question whether cancer, rather than being a local derangement, may be a general condition of the whole body, of which the tumor is a symptomatic expression."

Issels subsequently found that cancer is not a localized disease limited to the particular part of the body where it erupts, but is rather the result of a breakdown in the body's ability to destroy cancer cells and prevent them from multiplying into cannibalistic colonies. This breakdown, a process that may occur over a short period or take decades, begins with the gradual weakening of the body's immune system, its key defense against cancer.

A healthy body, says Issels, has an immune system that can destroy cancer cells and prevent them from multiplying. But if the immune system is weakened below a certain threshold, "it can no longer kill cancer cells or prevent their multiplication into cannibalistic colonies. From a single cancer cell, undisturbed in its mitosis—cell division—a tumor eventually forms. We therefore see in the lowered resistance of the body the cause of the primary tumor, recurrence after surgery or radiation, and all secondary tumors (metastases). The tumor is only the tip of the iceberg, the clinically observable result of the body's impaired resistance and inability to protect itself against the proliferation of cancer cells into colonies. The tumor is the symptomatic expression of a disease which involves the whole body—cancer disease."

The relation between cancer and the weakening of the immune system is illustrated by what happens in the case of a donor skin graft. The body rejects the graft because of the action of the immune system. For the graft to "take hold," the immune system must be suppressed by the injection of certain toxic drugs. An analogous phenomenon, Issels points out, takes place in the genesis of cancer. Effectual "suppression," or chronic weakening of the immune-defense system, occurs, in the Issels hypothesis, as the result of pathological processes arising out of a combination of external and internal "insults" to the body's systems, further complicated by genetic factors. Among the external causes are environmental contaminants, such as toxic chemicals and gases; certain food preservatives and additives; foods depleted of nutritional value by processing, injection, and storage; low- and high-level radiation. Among the internal causes are chronic low-grade infections, bacterial diseases, insufficient cellular oxygenation, stress and psychic trauma, and hereditary and mutagenic factors, among others. The weakening of the immune system in turn undermines the interrelationships existing between all the body's systems. The result is the creation in the

body of an environment favorable to the proliferation of cancer cells into a tumor.

Issels's concept is that "cancer is not just a local disease confined to the particular place in the body where the tumor manifests itself but is a general disease of the whole body." The treatment, therefore, that offers the best chance of success in combating cancer is that which treats "not merely the tumor but also the whole body, which has produced the tumor." Based on this hypothesis, Issels developed his combined therapy, which aims at: (1) restoring the body's own defense mechanisms; and (2) eliminating the tumor by surgery, irradiation, and the circumspect use of chemotherapy. Thus, his treatment consists of a basic broad-spectrum approach to restore and regenerate the body's defense mechanisms, and specific measures directed against the localized tumor.

Included in the treatment process are fever therapy, oxygen or ozone infusion, and detoxification of the body. Areas of chronic infection, such as decaying or devitalized teeth and inflamed tonsils, are removed; for these are factors that contribute to impairing the efficient operation of the body's immune-defense system.

Issels's patients are maintained on a vegetarian diet of whole grains and fiber, supplemented by enzymes, trace minerals, and selected vitamins (with emphasis on vitamins A, B complex, C, and E). It is fascinating to consider that many of the therapies used by Issels for more than 30 years are beginning to be investigated in the United States.

- Issels, for example, has for years banned smoked foods from the diet of cancer patients in the conviction that these have a cancer potential. Recent findings at U.S. cancer-research centers now confirm his contention.

- Several cancer-research centers in the United States are experimenting with ways to raise the body's temperature as a means of killing cancer cells. Issels has been using fever therapy for years—because he knew that malignant cells are extremely vulnerable at body temperatures above 105 degrees Fahrenheit.

- Cancer institutions in the United States recently reported that oxygen and ozone are capable of killing cancer cells. Issels has been injecting oxygenated cross-matched blood into his patients for years with the objective of destroying cancer cells. In addition, those of Issels's cancer patients able to do so are encouraged to climb mountain trails or to jog in order to enhance their oxygen intake.

During their two and a half years of research for the BBC documentary on Issels, the film's producers were so astonished at the sight of Issels's patients climbing the mountains towering over the Ringberg Clinic that they entitled their film "Go Climb a Mountain."

Dr. John Anderson, professor of medicine at King's College in London, believes that the mountain climbing of

Issels's patients also has a positive psychological and stress-relief value. Concerning the Issels therapy, which he painstakingly analyzed, Dr. Anderson confidentially reported to the BBC in March 1969: "In essence the treatment is to encourage the normal mechanisms of the body, which already deal with a large number of cancer cells, to be strengthened so that they bring about a natural remission of the disease. Some of the cases I saw at the clinic would have been regarded as hopeless by physicians in the United Kingdom. My overall opinion is that the Issels approach to the treatment of cancer is a unique and pioneering solution to a very difficult problem...."

●

Three independent studies of Dr. Issels's medical records have confirmed a 16.6 percent cure rate . . . among terminal cancer patients. . . . No other doctor in the world comes close to this cure rate.

●

TRIAL AND ERROR

Dr. Josef Issels's dedicated interest in improving conventional medicine's often unimpressive results in treating serious diseases began when he first became a doctor—in the Germany of the thirties. Patients with chronic diseases, desperate for relief after their physicians were unable to help them, consulted Dr. Issels. Using diet, vitamins, homeopathic preparations, exercise regimens, and other holistic means in addition to conventional medicine's methods, he learned that he was able to treat many chronic diseases successfully; and from his observations and review of the available literature he became convinced that stimulation of the body's own ability to fight disease might also be the way to treat cancer.

At a medical conference in 1950 in Freudenstadt, in the Black Forest, Dr. Issels presented a paper which showed that he had cured 60 patients—considered incurable by their previous doctors—of such diseases as asthma, liver cirrhosis, glomerulonephritis (an inflammatory kidney disease), rheumatoid ar-

thritis, arteriosclerosis, among others. That same year he leased a 30-bed ward in the local hospital, where he admitted and treated his bedridden patients. His treatment theory, with immunotherapy as its cornerstone, was coming into focus. By January 1951 he had his first success in curing terminal cancer. Käthe Gerlach, a 41-year-old woman with uterine cancer that had spread to her abdominal wall, had been advised that her condition was not treatable. Surgery had been ruled out in her case because of medical complications. As a last resort, she turned to Dr. Issels. The result of his therapy was that her cancer regressed—and disappeared.

In May 1951, Dr. Issels tried his combined treatment for the second time on a patient who had been unsuccessfully treated by hormones for a progressive, prostate cancer. The patient, Karl Gischler, a Dutch shipping magnate whose cancer had metastasized to his pelvis and spine, had little hope that Issels could reverse the progress of the disease, but he was impressed by Issels's treatment concept. During the course of therapy, Gischler learned that opposition and resentment were growing at the hospital against the combined treatment, and he alerted Issels. Soon after the warning the hospital administration formally forbade Issels from treating cancer patients with his unorthodox methods.

Gischler's condition deteriorated, and shortly before his death he urged Dr. Issels to set up his own clinic; and he arranged to provide the financing. With the funds from Gischler's estate, Issels converted a hotel in Rottach-Egern, overlooking the Tegernsee, into the Ringberg Clinic. Here he intended to develop his cancer therapy further and to document his findings meticulously so that they would be accessible to authorized doctors and institutions.

Issels's impressive results at his new clinic began drawing the attention of the Bavarian medical establishment. One patient, Thea Döhm, would subsequently play a role in Issels's life. She was brought as a terminal cancer patient to the Ringberg Clinic on October 29, 1952. Surgery and radiation by her physicians had not been able to halt the spread of a deadly fibroblastic sarcoma encircling her spine like a snake. Under Issels's treatment her cancer was rendered dormant. After four months Issels discharged her as fit to resume a normal life. But a year and a half later she was back again, with a sizable new fibrosarcoma of the left lung. Issels's therapy this time included a nontoxic vaccine known as Neo-Carcin, which European physicians had found to be effective in many of their patients. Thea rebounded under Issels's therapy and survived until 1979.

There is a curious postscript. The news of Dr. Issels's results in Thea Döhm's case rippled through the medical com-

munity of southern Bavaria, and some 11 years later, in 1968, reached the carefully attuned ears of the ACS. It issued a report to cancer specialists, condemning Dr. Issels for using Neo-Carcin. It is unclear why the ACS tabooed the use of the vaccine, in wide use in European medicine since 1905. If Neo-Carcin was as ineffective as the ACS implied, we can only conclude that it was a superfluous part of Issels's therapy. If, on the other hand, it was not superfluous, then the ACS falsely condemned its use to the detriment of all cancer patients. In any event, we must assume, ACS was oblivious of the fact that Dr. Issels had not used Neo-Carcin since 1962. He had replaced it with what he considered a more appropriate vaccine. Even so, Dr. Issels remains on the ACS unproven methods list.

Issels's method of therapy was widely reported by the media, and his fame began to spread but not without repercussions.

In 1954 he was refused permission to speak to a cancer conference in São Paulo, Brazil. In 1955 Dr. H. Weiler, president of the Bavarian Medical Association, visited the Ringberg Clinic and told Issels of rumors that he—Issels—promised patients a cure, overcharged them, and ejected any who were unable to pay. Weiler satisfied himself that the rumors were maliciously false—and subsequently referred patients to the clinic himself. His investigation disclosed that privately referred patients unable to pay were treated free.

A year later the medical conspiracy against Issels began in earnest. In March 1956 a determined band of 12 physicians met secretly at Hinterzarten in the Black Forest to discuss how best to "put an end to the charlatan Issels." The effort to discredit, disgrace, and stop Issels from practicing his cancer therapy was under way.

In August 1958, Issels invited the Bavarian Medical Association and the German National Cancer Society to inspect his clinic and work. They ignored the invitation.

By this time Dr. Arie Audier, of Leiden University, had completed the first independent audit of Issels's meticulous records, and he attempted to publish the results, but medical journals refused to print them. Finally, *Die Medizinische*, a reputable German medical journal, published Audier's study.

In September 1960, Issels was arrested and charged with fraud and manslaughter. According to Gordon Thomas, the coproducer of the BBC documentary on Issels, in his excellent book *Dr. Issels and His Revolutionary Cancer Treatment* (Peter H. Wyden, New York), the warrant for Issels's arrest contained the following statement: "The accused claims to treat . . . cancer . . . and even to cure incurable cancer patients by means of . . . so-called tumor therapy. In fact [he] has neither reliable diagnostic methods nor a

method to treat cancer successfully. It is contended . . . that he is aware of the complete ineffectiveness of the so-called . . . tumor treatment." It urged that he be remanded to jail, inasmuch as there was danger that "he might flee or attempt to conceal information," and it alleged that he had prepared for all contingencies by depositing huge amounts in "foreign banks" so that he would be able "to work abroad."

Before his arrest Issels had married a very remarkable woman, Ilsa Maria Klos. She vividly recalls her husband's imprisonment. "Originally he was charged with having kept two patients from getting surgery who later died, and with promising a cure to four other patients." Charges were fabricated for two more allegedly negligent homicide cases, presumably on the theory that the more charges there were, the greater the likelihood of convicting Dr. Issels. Mrs. Issels recalls that after her husband's arrest, his lawyer acidly commented to one of the judges how absurd it was to entertain the notion that Issels, noted for his candor, could have defrauded anyone, let alone his patients. The judge replied, according to Mrs. Issels, "It is not so much the question of Dr. Issels. He will be convicted in a show trial, and then all doctors in Germany using unconventional methods of treating cancer will be driven out of practice." She was further shocked when she contacted Dr. Theodor Weiss, the chief public prosecutor. "I said to Herr Weiss, surely there must be some mistake. Weiss replied that it was no mistake; he had been advised by competent doctors that it was high time to stop the work of this man."

In mid-June 1961 the trial began. Any American or other court rooted in British jurisprudence would have booted out the indictment long before it reached the trial stage. But the German courts—like those of other countries in continental Europe—stem from an oligarchical tradition, one in which the accused has the burden of proving himself innocent of the charges.

The fraud counts alleged that Issels had deliberately deceived three terminal cancer patients by promising to cure them (presumably to bilk them of fees), knowing that his therapy was a fake, and that after fleecing them he had sent them off to die. But the testimony at the trial conclusively showed that the fraud counts were pure fabrications: the court dismissed them.

That left four counts of negligent homicide. The prosecution's unarticulated premise was that even though these counts, too, were contrived, the court still ought to find him guilty, inasmuch as his methods did not accord with conventional practice in the treatment of cancer.

Dr. Issels addressed the black-robed judges. Surgery, radiation, "and other conventional measures" were important in the treatment of cancer, he stated. "However, I also believe we must treat

not only the local manifestation, the tumor, but as well the whole body which produced it."

The trial had a Kafkaesque quality. For example, the prosecution alleged that Dr. Issels had dissuaded Karl Wiesinger, 59, suffering from cancer of the penis, from having surgery. But his widow, daughter, and a copatient who had been at the Ringberg Clinic during the same period, as well as his family doctor, *all called as witnesses for the prosecution*, testified to his adamant refusal to undergo surgery even prior to his admission to the clinic. In June 1955, not quite a year after leaving Issels's care he underwent surgery at a university hospital, where he received radiation therapy, but he died four months later.

The prosecution's thrust was that Dr. Issels didn't insist strongly enough. The same theory was pursued in the case of Albert Matzeit, a 56-year-old printer who in June 1956 learned that he had cancer of the left larynx. In the last week of February 1959, he came to the Ringberg Clinic. He was examined by a throat specialist there, who recommended immediate surgery. Dr. Issels concurred. The patient, however, afraid of dying under the knife like his two brothers, turned down the advice. In June, a month after leaving the Ringberg Clinic, he almost choked to death on his cancer and, as a matter of dire emergency, was admitted to the hospital in Düsseldorf, where he submitted to surgery. Less than a year later, he, too, was dead. His widow, primed by establishment experts, attributed her husband's death to Issels's criminal laxity in not forcibly compelling the printer to submit to surgery four weeks earlier in May.

Else Warnken, happily married and the mother of an eight-year-old daughter, came to the Ringberg Clinic in January 1955. The doctors in Bremen, her home city, had advised radical surgery for removal of both her breasts as well as her ovaries because of cancer. She confided in Dr. Issels that she was dead set against surgery because she was afraid her husband would leave her. Dr. Issels concurred with the Bremen physicians and warned her of the risk of not having surgery. She and her husband both opted to take that risk in the hope that Issels's therapy would be effective. In fact it was, but she failed to adhere to the home regimen that Issels prescribed for her. A readmission followed later that year, and again she failed to follow through. In August 1957 she underwent radical surgery, but metastases had occurred. She received radiation and chemotherapy in Bremen for the next three years, but died in July 1960. Again, the prosecution's position was that Issels was responsible for her death because of his failure to persuade her to undergo surgery rather than his therapy.

On the final day of July 1961, after a six-week trial, the court found Dr. Issels

guilty of negligent homicide in the Wiesinger, Matzeit, and Warnken cases. "They would have undergone surgery," the court said in part, "if the accused had insisted and not spoken so optimistically about his methods. . . ."

The black-gowned court president icily dealt out the sentence—one year in prison—but allowed the doctor to remain at liberty until his appeal would be decided by the West German Supreme Court at Karlsruhe.

The verdict drew almost universal condemnation from the German press. An article in the *Frankfurter Allgemeine*, a leading West German daily, claimed that Issels did not and could not receive justice. The day following the sentence, the respected newspaper *Die Welt* implied that the verdict had doomed the hopes of many cancer patients who otherwise might have lived as the result of Issels's therapy. Mail decrying the verdict poured in. Among the letters was a note of support from Albert Schweitzer, encouraging Issels not to be daunted.

At the beginning of May 1962, the West German Supreme Court ordered a new trial on the grounds that the lower court had erred in refusing to permit the defense to introduce specific evidence of the many terminal cancer patients cured by Issels's method at the Ringberg Clinic. The second trial finally got under way on October 2, 1964, with Norbert Kükelmann, a 35-year-old trial lawyer, in command of the defense. Besides the host of witnesses he would call to refute the charge that Issels had failed to advise his patients properly—Karl Wiesinger, Albert Matzeit, and Else Warnken—to obtain surgery, the appellate decision had made it possible to call experts who would pulverize the opposition's freewheeling innuendoes that Issels's method was worthless and that he was a charlatan.

At the outset the defense attempted to establish through the testimony of Dr. Spohr, former administrator of the German National Cancer Society, what Issels had been led to believe—namely, that the indictment was the direct outgrowth of an overt conspiracy to frame and convict Issels of spurious charges—in order to eliminate the threat his therapy posed to the medical establishment. As for the charge that Dr. Issels had urged treatment by his method in preference to surgery, Dr. Heinz Laprell, medical head of the Tegernsee Hospital, testified that in one four-year period alone Issels had referred 49 patients to the Tegernsee Hospital for cancer surgery.

But the decisive battle came when the medical experts called by the defense squared off against the prosecution's experts. Prof. Karl Bauer, a cancer specialist and also a professor of surgery at Heidelberg University, led off the prosecution's testimony. He derided the Issels concept that cancer is a chronic disease of the whole body, of which the tumor is but a local symptom. On the

contrary, claimed Bauer, cancer originates at a single spot and by its action causes general disease in the body. But then he made a strange concession. Judging the efficacy of Issels's treatment against that of conventional medicine was not a matter to be decided by trial, he said, but would require a commission of cancer experts. The issue, he maintained, was not whether Issels had an effective treatment against cancer "but whether he had the firm obligation to perform or refer patients for surgery—the only successful treatment in the early stage of cancer."

Issels's concept of the genesis of cancer, contrary to conventional medicine's theory as expressed by Bauer, is that cancer is "a general chronic illness of the body" which may eventually lead to the body's "permanent inability to destroy cancer cells and finally allows the formation of a tumor. The tumor is therefore merely a late-stage symptom, accidentally triggered off but able to exist and grow only in a bed already prepared for it." This "bed" Issels calls "the tumor milieu." It is the result, according to Issels's theory, of "secondary damage" to the body's organs and organic systems. The causative factors responsible for this secondary damage may originate outside the body—for example, from carcinogenic agents and low-level radiation—or internally, as in the case of viral and bacterial infections or even stress and psychic trauma. It is, in short, the effect of prior insults to the body's systems that leads to their chronic impairment. As Issels puts it, this damage cumulatively affects "the functional, regulative, and humoral balance between organs and organ systems" to the point that one or more systems are severely weakened in their ability to dispose of toxins given off by disintegrating cells. The cancerous condition, therefore, is not cured merely by the removal of the local manifestation, the tumor, but the whole body must be treated in order to restore the body's effectiveness in destroying cancer cells or in preventing them from multiplying into colonies.

Dr. P. Kretz, editor of the Austrian Cancer Society's journal, testified in favor of the "whole-body" approach. Physicians, he suggested, should not be resistant to Issels's whole-body therapy in the face of strong statistical evidence that it is effective and that it "offers . . . an improved chance of a cure."

Prof. Julius Reis, an expert radiologist in gynecological cases, testified for the prosecution that he did not believe that Issels had ever cured "even one genuine case of cancer." Under cross-examination, however, Reis, admitted that establishment gynecologists often could not distinguish between tumor recurrence and the aftereffects of radiation, and that this led to situations in which women were subjected to mutilating radical mastectomies "without any certainty that they

definitely had cancer."

Prof. Herwig Hamperl, a pathologist, who took the stand against Issels, had diagnosed a female patient of Issels as having a carcinoma in 1955. Issels subsequently treated her, and in time the carcinoma disappeared. Just prior to the second trial, the medical expert assisting the prosecutor asked Hamperl whether he could confirm his original diagnosis. He wrote back, advising that he could not find the slides containing the tissue sample, that the original diagnosis had not been made by him—and that another pathologist doubted it was cancer. However, Issels's lawyer produced a letter Hamperl had written to the patient's family doctor in July 1961. In it Hamperl had clearly stated that after examining the sample again, he reaffirmed his conclusion that it was cancer. Nevertheless, Hamperl had informed the prosecutor's medical expert, based on his alleged recollection of what the "other pathologist" had told him, that "Issels cannot claim the case as a cure for him."

"How do you explain that?" asked Issels's lawyer. Hamperl couldn't. He was excused from the witness dock.

So it went: the prosecutor's experts, although admitting that patients had had complete remissions after Issels's treatment, resisted concluding that there was any causal connection between his treatment and the remission in every case. They disputed the diagnosis of cancer in each case, even though in all cases these diagnoses had been made by cancer specialists in renowned hospitals and medical institutions throughout Europe and had been confirmed and reconfirmed before the patient ever came to Dr. Issels.

Thea Döhm, Käthe Gerlach, and other patients cured of their cancers by Dr. Issels testified at the trial. In all, 34 representative cases of terminal cancer cured by Dr. Issels's method of therapy were presented with full, meticulously authenticated documentation. The defense introduced evidence that Dr. Issels in 1953 had completely cured Elisabeth Dreyer, the 34-year-old, widowed mother of two children, of a massive cancer that filled her abdomen. Dr. Bodo Manstein, a prosecution cancer expert, had examined Mrs. Dreyer and her medical records prior to the trial; she was still cancer free, 11 years after receiving Issels's therapy and follow-up care. "I am sure the patient would have died without the systematic treatment of Dr. Issels," he responded under cross-examination. He also admitted that it is important to have clinics such as Issels's and that he was "receptive to Dr. Issels's efforts. . . . When he has performed cures, we should recognize them. I recognize the exactness of the case notes and the responsible work in which the clinic engages."

The trial came to an end on December 9, 1964. Two days later the court ren-

dered its final verdict: not guilty. In part, though, the trial succeeded in its objective, for it forced the closing of the Ringberg Clinic—with the resultant deaths of all the patients who were under Dr. Issels's care at the time and otherwise might have survived because of his treatment.

BRITISH BROADCASTING

In 1965, Issels reopened the Ringberg Clinic, and over the next three years he treated 1,545 patients from 36 countries. They came, notwithstanding that he remained the object of false propaganda.

In 1966, after having seen a BBC documentary, "Living with Death," about how a British sociologist, Peter Newton Fenbow, was coping with terminal cancer, Dr. Issels offered the courageous man free treatment at Ringberg. Within three months Fenbow showed a remarkable improvement and spoke on German television about the remission of his cancer. Some time later Fenbow showed up at the BBC. The producers of "Living with Death" were amazed by his appearance. Gordon Thomas, one of the producers, recounts: "I saw a remarkable change in the man. The man I left dying ... was now a vital, living man." Fenbow explained what Issels did. "My first question," says Thomas, "was 'Is he a real doctor or a miracle worker?' Because I couldn't believe, seeing Fenbow, that he was the same man."

Thomas decided to investigate Issels, and he approached Dr. John Anderson, one of Britain's top cancer experts, because he believed Anderson would give him an objective analysis. Anderson, an expert whom the BBC used on occasion for science programs, had impressive credentials: adviser to the World Health Organization, professor of medicine at Kings College Hospital, Rockefeller Research Fellow. Together they went to see Issels.

"Our first impression of Issels, as he showed us around his clinic in Bavaria, was that he is a very ... dedicated man," Thomas recalls. After spending weeks with Dr. Issels at the clinic and examining his case records, Anderson, in a confidential report to the BBC, confirmed Issels's remarkable results. "I am of the considered opinion," Anderson wrote, "that this is a new approach to cancer treatment and appears to be a considerable improvement on what is usually offered. Dr. Issels is an able physician, a ... penetrating clinician.... He is a shrewd observer.... There can be no doubt that he is genuine in what he does and the results he gets.... My overall impression is that the clinic is well ordered and fulfills the best clinical traditions...." On the weight of this report, the BBC mounted an exhaustive investigation of Issels's work. The producers not only scrutinized everything connected with the Ringberg Clinic but also tracked down Issels's patients through-

out the world. As the investigation went on, Thomas and his coproducers realized that they had the makings of a very powerful film.

During this investigation, however, troubles began at the top level of the BBC. "I was called in by a number of senior BBC executives," Thomas recalls. "One of them, the head of features, Mr. Aubrey Singer, said to me that he didn't want a film that would give any false hopes. ... I was absolutely astonished to find that Mr. Singer appeared to have made up his mind beforehand what this film might or might not be about." Two other top BBC executives told him they didn't want a film that would raise false hopes or "extend any undue credibility" to a man like Issels. "I then said, 'Have you read the Anderson report?' And suddenly I had an uncomfortable sense that BBC was receiving advice I couldn't quite fathom."

What Thomas soon discovered was that the BBC was being advised on Issels by a trio of cancer establishment experts: Sir David Smithers, a well-known cancer radiologist; Dr. Gordon Hamilton-Fairley of Royal Marsden Hospital, a big-time cancer specialist; and Dr. Robert J. Harris, another pillar of the cancer establishment. Thomas found that they had deprecated Issels in an effort to pull the rug from under the scheduled television production. So Thomas and his associates resorted to making the film covertly on the pretense that they were engaged in another film project. "We put the film together, and BBC looked at it. And then," Thomas said, "all hell broke loose." Thomas was told by Singer that it could not be shown because it gave people hope. Later it was privately screened for "the other experts of the establishment. They universally condemned the film as irresponsible." In an effort to defuse the opposition, Thomas and his associates offered the three experts a free trip to Bavaria to look over the Ringberg Clinic themselves. "When I put the offer to Smithers, Harris, and Hamilton-Fairley, they all came up with the same answer: to even go near Issels would be guilt by association—an astonishing attitude for scientists."

Smithers and Hamilton-Fairley expressed indignation in a letter to Michael Latham, coproducer of the documentary: "First, the programme as presented was tantamount to advertising a cure for cancer which had been pronounced incurable by 'orthodox' medicine. We have made inquiries from the Medical Defence Union, and if anyone in this country, medically qualified or not, were to advertise a cure for cancer, this would, in fact, be illegal under the Cancer Act."

During the heated debate at the BBC over whether to release the film for broadcast, considering the opposition of the medical establishment, Aubrey Singer sought to resolve the question by a *fait accompli*. He seized the film, according

to Gordon Thomas, as well as all its archival materials, and he canceled the premiere broadcast of "Go Climb a Mountain," which had been scheduled for March 17, 1970. A front-page article in the *London Observer* on October 18, 1970, brought a swift denial by the BBC of any intent to suppress the film, and it was rushed into the broadcast schedules. On the evening of November 3, 1970, some eight months after cancellation of its first broadcast date, "Go Climb a Mountain" was broadcast to some 14 million British viewers. It created enormous interest among the British public in Issels and his method. And once again, Thomas recalls, "All hell broke loose."

THE ESTABLISHMENT GOES TO WAR

The article in the *London Observer*, the forcing of the BBC's hand, the broadcast of "Go Climb a Mountain"—these were matters that alarmed the British medical establishment. Some British cancer victims were going to the Ringberg Clinic, and that trickle might some day become a flood.

The British Medical Association drafted a resolution calling for action against what it claimed was the "advertisement" for Issels's clinic in the BBC documentary. Other doctors from the British medical establishment commenced campaigning against Issels in British newspapers and magazines. Sir Keith Joseph, secretary for health and social services, noted that Issels's methods and results had not been published so as to "enable a judgment to be given." At the same time, however, British medical journals were rejecting Issels's scientific papers on his methods and results.

As might be expected, the film stimulated intense interest outside the medical community as well. One viewer, the Olympic athlete Lillian Board, who had terminal cancer and was dying, became a *cause célèbre* in the European media when she decided to go to Ringberg. Hundreds of reporters from throughout the world converged on Issels's clinic, and Lillian Board, who had no chance for survival, died in the full glare of the mass media. "The moment she died," Thomas recalls, "Smithers, Hamilton-Fairley, and Harris moved into action. They said Issels was a fraud and a charlatan." The BBC producers were accused of being irresponsible, and false accusations and malicious stories about Issels's background and private life exploded over the front pages of Europe's tabloids.

At that point the British government announced that it would send a commission to Bavaria to investigate Issels. Smithers, Harris, and Hamilton-Fairley, who had opposed the BBC production and had refused to go to Bavaria because they did not want to associate with a "quack," were now the main members of the commission.

GOVERNMENTAL OPERATIONS

In general, the commission found that the clinic was "excellently run." But the commission refused to concede that Issels was actually able to cause remission of tumors. "In our view all the evidence we collected suggests that Dr. Issels's main treatment regimen has no effect on tumor growth. He aims to put each patient in the best possible condition to combat his disease, which is admirable, but there is no evidence from our examination of the patients and their notes that it makes a significant contribution to their survival. We searched for every possible indication of tumor regression not due to cytotoxic drugs and found none that was convincing." In essence, it said that Dr. Issels has a good effect on people's psyches but does not cure their cancers with his therapy.

The commission's report concludes: "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."

The commission's skepticism centered about the diagnoses made by other institutions before the patients arrived at Ringberg. The report proposes that this was "the main source of confusion about the success claimed by the clinic"; Issels never cured cancer, because none of his cured patients ever had cancer. They merely suffered from "gross overirradiation" or had already been "cured by surgery and irradiation" before arriving at

the clinic.

According to Thomas, the actual report was not written after but *during* the visit. Thomas relates that he had people observing the commission, and "it came back to us that they sat around the second night there, saying, 'Well, we've wrapped it all up; let's put the piece of paper together.' And in fact, they wrote the report the second night they were there."

The report's release was accompanied by a massive propaganda effort against Issels. The commission's denial that Issels's treatment had any effectiveness resulted in the refusal of a number of insurance companies to pay the patients' clinic bills. By 1973 Dr. Issels was forced to close the Ringberg Clinic. Since then he has used the facilities of another clinic in Rottach-Egern as a treatment center for his patients.

But that did not dismay Dr. Issels. Cancer patients still sought him out. He still employs the same basic concept and therapy in his treatment. People with cancers still continue to climb the mountains towering over the new Ringberg Clinic and continue to improve under Issels's care.

Perhaps the most important thing to remember is that Issels has a higher rate of cure than anyone else in patients who are beyond conventional help. Remarkably, though, he continues to be blacklisted by the American Cancer Society; but what makes his presence on the Unproven Methods List so invidious is that he does not meet any of the criteria to have been blacklisted in the first place. Issels's com-

bination therapy is condemned as being of no objective benefit in the treatment of cancer.

Dr. Issels is a member of the Bavarian Cancer Society, the German National Cancer Society, and the Royal Medical Society of Edinburgh in Scotland. Throughout the years, despite all the obstacles, he has continued to publish scientific articles on his concept, method, and results in reputable scientific journals. An upsurge of interest in his approach has resulted in numerous invitations to address medical associations, including cancer congresses, in his own country and abroad. He has been invited to speak at the Royal Medical Society of Edinburgh, the Swedish Medical Association for Biological Medicine, at Oxford University in England, and at Sloan-Kettering in New York—citadels of the cancer establishments of two continents.

But despite this upsurge, remnants of the old guard in positions of power in these same medical establishments still continue to regard him as a medical pariah. They resent the fact that the kind of approach he pioneered is more and more beginning to surface in various parts of the Western world, and that there are the discernible beginnings of a new climate in the medical world.

But even the American Cancer Society is beginning to realize that there are things beyond surgery, radiation, and chemotherapy that are effective in the treatment of cancer. That realization is due to the pressure of people asking why we are losing the war against cancer. What happened to Dr. Issels pointedly answers that question. O+