Introduction and Dr. Johnsonu2019s Background

Well, Dr. Steven Johnson, thank you so much for joining me at this segment of cancer breakthroughs. Thank you for having me. For all the all the viewers, Steven Johnson was chief resident of internal medicine at the University of Massachusetts affiliated hospitals in Westchester in 1996.

He has taught frequently in Europe and the US on integrative medicine, oncology and pharmacy. Anthroposophic Biological, botanical and nutritional modalities.

Dr. Johnson directed one of the first major integrative medicine clinics in the United States, bringing together multidisciplinary team with extensive conventional, holistic modalities of care.

He has spent the majority of his career deeply immersed in clinical practice, helping patients across the country with oncological, autoimmune and challenging degenerative illnesses.

Dr. Johnson has written numerous magazine articles, been a guest on several radio shows and podcasts, is a coauthor and project editor of the new book, which I have on my show, which is incredible Mistletoe and the Future of Integrative Oncology and has written and published several small educational books on homeopathic and botanical medicine and is a well-known consultant for Integrative Pharmacy and is formulated numerous botanical and holistic medicine used internationally, as well as assisted in the development of extensive botanical gardens for pharmacy production.

Recently, Dr. Johnson has been the director of the first European Mistletoe Integrative Oncology Training Program and serves as a mentor to clinicians across the country.

He has served as a president of the Physicians Association for Anthroposophic and is the founder of the Foundation for Health Creation to promote resilience in our challenging times.

He'll be launching a new resilience course for patients and practitioners in the near future. And he's also medical director of the Camphill Village Medical Clinic for Adults with Developmental Disabilities and runs a part time private consulting practice.

He's active as a strong advocate for an integrative model of health care and public health in North America. You've done a lot. You're doing a lot. How do you have time?

Sounds like a lot. Yeah, I. Was a mouthful. Yeah. I guess as you get into your sixties, it's a lot of time has passed, so. So one of the therapies that that your one of your latest books on on mistletoe and is such a powerful therapy is something that that I do here at the center.

Tell me tell me a little bit about how you came about mistletoe and why that really connected with you. Yeah, I had an interest, as you could tell from my biography in Plant Medicine.

Always had been very interested in botanical medicine, and I met mistletoe, particularly through the Pacific Medicine. I know that's a mouthful at the Pacific Medicine, but actually in Western Europe it is the form of medicine around which whole clinics and hospitals have been built, where both integrative modalities and conventional modalities of care are given, including in oncology and mistletoe is actually used in those settings.

How Dr. Johnson Discovered Mistletoe Therapy

So I had the opportunity in my training, even as a resident, to go over and spend some time in those hospitals. And I could see it being used adjunctive early with modern oncology and I was very impressed at that time.

It made an impression on me such that later I got more involved in that kind of care myself and I. We're going to go into mistletoe quite a bit and in a moment, but explain to me the Anthroposophic What, what?

What is that? What is the kind of mindset? And, you know, what is that? It's a I mean, it's a small movement in a way that's done a lot. There is there's three large pharmacies around it in Europe and across the world.

There are many hospitals and clinics in Europe. But the main, I think, thing that separates the Pacific integrative medicine from other modalities is it's constant search to humanize medicine, to recognize that there's something a higher spiritual nature to healing and health, as well as scientific.

And I think kind of maybe similar to the the old traditional medicines like Chinese medicine and ayurvedic medicine, there's a deep constitutional and spiritual approach to healing, a way of looking at the human being that facilitates a more intuitive way of practicing that should be verifiable scientifically, but it takes a certain training to develop that sort of intuitive capacity to work with plants and different illness processes, minerals, nutrition and how they relate to different, I would say, illness and health processes in the human beings.

And I know mistletoe plays a role into that and know in regards to where it's grown, you know, what type of tree and that will and when it's harvested, you know.

So there's a lot to it in regards to mistletoe than just, you know, I hear mistletoe and, you know, take it and it will help you. You know, there's a whole process of understanding which one to be the best for which individual and and a what state.

And so it is really fascinating how those two come together. And you mentioned that that mistletoe is more commonly used in Europe, and that is almost like a care that is right along with traditional oncology as well.

As I hearing you right there. I wouldn't I don't know. Would be fair to say it's in every oncology center in Europe, but that there are whole hospitals and centers, several of them in Europe, that do bring those together.

And that's very unique. And so so what tell me about mistletoe, what what it is and how that would benefit an individual battling cancer. Sure. I mean, first of all, mistletoe is such an unusual plant.

When people read about it, their eyes open up with the sense of wonder.

Anthroposophic Medicine and the Mistletoe Mindset

You know, you have this almost ancient plant that's a parasitic plant. It grows on other trees and doesn't harm them. And one of the most unique properties about mistletoe is that it blossoms and flowers in the wintertime, not in the summer.

And so it has its own unique rhythm. You could say it's a strong individual body of its own. And if we think of that as a metaphor, before we get maybe more into the scientific side of it, that's a little bit how we sometimes look at mistletoe from a holistic standpoint.

It strengthens the individual's capacity and makes the individual stronger in their immune capacity and the capacity of their body to recognize something like a tumor or something abnormal and harness the immune system to become more active around it.

I guess you could say I like to use the word immune surveillance is heightened by the mistletoe. So it almost because a person dealing with with cancer is obviously at a weak state.

You know, when you think of the winter, you think of where when things are very kind of the energy is low and that's when it is the most powerful that that's when it's really blossom.

So it's almost like that's when it steps in when the body is in a weak state. Yeah. That the one of the beauties of

using mistletoe is it can be used in all stages of cancer or all stages of an illness.

We may choose a different host tree, you know, a tree in which the mistletoe is grown on. If we want to support more vitality or if we want to be more aggressive immunologically, then we may choose a different tree.

But in general patients feel better on mistletoe and if they don't feel better or more resilient than before they took it, usually it means some type of subtle change is needed and the type of mistletoe or the way it's given.

And how how would a practitioner then choose what what form you mentioned? And, you know, depending on where an individual's act and their and their journey.

So what what kind of trees are are commonly used and you know, what do each tree bring to the qualities of mistletoe? Yeah, that's such a fascinating question.

And it can be answer two ways. You know, it can be answered the way a traditional medicine practitioner might answer that question and the way an academic, you know, conventional scientific person might answer that question. There's two sides.

I mean, we know that when mistletoe is grown on different host trees and there are several oak, for instance, apple ash, tree, pop, pop, popular poplar tree, sorry, stuttered there.

Birch trees, hawthorn trees. There's several we could talk about. But what we note is when we test the preparation, the extract that there's different levels of the active constituents in those extracts from different host trees.

So through various studies over the years, we found that different types of mistletoe works better with certain types of cancer, like let's say, a molly rowan on an apple tree.

How Mistletoe Supports Cancer Care

Mistletoe grown on an apple tree might be better for reproductive organs or quercus and oak tree might be better for digestive some digestive organs. So in that sense, we could show that in studies which are significant hospital studies, some of them with many, many patients, not all even small studies and then there's the other side where maybe like a homeopath or a traditional medicine practitioner, we look more to the constitutional aspect of the person.

How is their vitality? Have they been traumatized? Are they going through a depression? How is their overall health? What's their personality like? Are they a workaholic who does everything for everyone and nothing for themselves?

That would be a caucus type person. For instance? Or is it a person who has given a lot to their children or is constantly, you know, in service of others, but doesn't get the support that they need?

That might be more of an apple tree type person. Our Constitution, of course, and being a bit simplistic here, but there's this kind of picture that you can form that relates to the host tree that we're using.

And I would say practitioners who use it over a long time usually are turning to a bit of both, you know, how they how they look at it. And some practitioners are more comfortable with one approach than the other, but both exist and both are used around the world.

And so you've you talked about mistletoe then. Can I increase the vitality of the individual? And what are some kind of scientific studies in regards to what what mistletoe can can do for an individual kind of immunology wise?

Yeah, I think there's two parts to your question, I think. But, but correct me if I, if I didn't understand it correctly, the majority of the best studies on mistletoe are on quality of life.

So parameters like vitality, energy, appetite, sometimes less pain, improved mood, improved sleep. These qualitative aspects run alongside the mistletoe treatment for cancer or the disease we're using it for sometimes.

Now we're using it for other things like long COVID and things like that. And then there's also the side where mistletoe can be that the the type of host tree we choose can be supportive to the vitality.

So for instance, if we use a pine mistletoe in someone who is very weak and depleted, maybe after chemotherapy, for instance, or has lost a lot of weight, then it can really help someone who's kept it very weak, you know, poor appetite to build that back up as it's helping to help treat the disease.

And then maybe later on when they're stronger, we might use a stronger mistletoe that has more, I would say active constituents that rev up the immune system towards the cancer such as lectins right and mistletoe lectins are the most common thing we study and very high lectin preparations of mistletoe like the vaccine, which is an ashtray or a quercus.

They tend to be, which is an oak tree. They tend to be very high and lectins, you know, these we might use in a more aggressive tumor or tumor that's metastasizing, things like that.

Right. And maybe we might use something from a fir tree or a pine tree which has less lectins in it, but it can still stimulate immune surveillance quite well.

Right. We might use that in patient is a bit weaker and and the higher lectin preparations also lead to more apoptosis in the tumors. They can weaken the cell wall of tumor cells.

They can help with genetic and DNA repair. There's many aspects to these mistletoe lectins. The list itself would take an hour to discuss. And then there's other constituents there too.

Like this could toxins which are like snake venoms or similar to venoms, antioxidants and other glycoproteins that we know are beneficial to cancer patients, both preventatively and in treatment.

So it's quite a dynamic plant in that way. There's over 12 or 13 different pathways of immune regulation towards tumors that exist from the mistletoe plant.

And then we have that that the topic of of hypothermia, you know, where you use fever and and, you know, and, yeah, you trigger an immune response like a fever to support the body to kill off cancer cells.

And I know mistletoe can play a role in that process as well. Right. And some people get fevers, you know, the different preparations as practitioners understand the different preparations of mistletoe better.

They sometimes can stimulate a fever. It's more difficult to stimulate fever, fevers in the modern patient, I think, than the patients when mistletoe, the patients to whom it was first given to.

Host Trees, Constituents, and Immune Effects

I mean, I think we can see the average temperature of the human being and modern is coming down and it's harder and harder to trigger a fever or and many of our patients who have cancer, if you ask them, when's the last time you had a febrile illness, they'll say, I can't even remember.

But there are methods from which we can use the mistletoe to raise the temperature very mildly and gently. You know, if we start slow and build it up, we might get a very small temperature increase of a few tenths of a degree.

And then there are techniques of advancing it quite rapidly with both subcutaneous and I. V. at the same time, giving very high doses right from the start.

This might cause some strong skin reactions and a little discomfort at first, but no one's ever gotten very sick or

died from mistletoe getting a fever.

And those cases, some people get a little bit more of a fever, temporary, just a few hours, and then it usually comes down. But a slight temperature increase is often associated with better outcomes, you know, but it depends on the patient, how fast you can do that.

And how much and also the type of mistletoe we use. Is that helpful? I don't know if I fully answered your question. No, that's perfect. Then it you're doing great.

So talk to me a little bit because I mean, a lot of people in their daily lives, it is like they become afraid of fevers and and they try to do everything they can do to stop fevers in themselves.

And and obviously children as well. During childhood diseases. I talk a little bit about the benefit of fever over all not not just cancer, but but overall.

That's a great question that that would be a great topic for a whole conference in itself. I think, because that I personally believe that I think you can statistically observe that that the increase in chronic disease in our civilization is connected also with less fevers and less febrile illnesses.

If I think back to my first mentors who were primary care doctors, the most common things they saw were acute abdominal illnesses with high fever, scarlet fever with high fever, lots of strep throat, all kinds of rashes.

We still see them, but nothing like we used to, you know, in young kids. And we're seeing the chronic illnesses that we expect in the forties and fifties and sixties starting earlier and earlier and earlier in life.

And many of us believe it's because people don't have proper illnesses. They haven't strengthened their immune system and gone through the process of building up their antibodies.

Right to different foreign invaders and infections and things like that that strengthen the immune the immune process in us that's connected with fever.

You could if I could use one difficult word, it's Saluda genic, which means Saluda. Genesis means the origin of health. Whereas pathogenesis, the word we mostly use in modern medicine means the origin of illness.

So fever generates health, a healthy fever. I'm not going to say you let somebody get a fever of 105 and get a seizure and pneumonia. No, no, no, no. But immediately suppress every small fever with Tylenol and Motrin may not be the best thing because if a person is followed carefully and gets the right kind of supportive care and they have a few days of mild to moderate fever, they usually get through the illness more resilient than before.

So if you had a earache, your kids are much less likely to get a lot of your aches if they get through one on their own right. Or we can become strengthened through a fever.

So what I'm trying to say, if it's in its proper place, is that a fair thing to say? Yeah, I really see that in my practice and over the years. I think it's one of the most important questions that could be asked.

Who was it that said, Give me me, give me a fever and I can cure anything? Yeah, I can't remember. Yeah, yeah. I'm trying to remember but yeah. And I see the same thing.

Yeah. Because, because the fever obviously that activates the immune system, there's, there's higher immune system involvement and greater antibody production and also there's like a cleaning of house, you know, you burn up debris, you burn up viruses, you burn out pathogens.

And, you know, they're able to they're broken, broken down. And the immune system are able to kind of see these small components and then develop the appropriate antibodies.

And so it's a it's a fantastic event for the training of the immune system. And like a spring cleaning. I think you're correct. Absolutely correct. And that and and I see the same thing.

One really short example I often like to give is if you're a parent and you can remember your children when they were young going through a fever, I noticed in my own children that often they would seem different.

After that fever. They might even look a little different and their color changes and something seems to be, like you said, cleaned out and sort of reborn a little bit.

So in a healthy, controlled fever, you can see a strengthening and vitalization of the organism. But I think it's fair. We both have to say it has to be watched. We're not.

One wouldn't want to say you let all fevers run rampant. That's not what's being said here. Yeah. A lot of the therapies, holistic therapies, lean on things like hypothermia, regards to cancer as so as recognizing then a fevers importance enabled to be able to control even something as advanced as cancer cells.

Absolutely. And there are studies, right, with leukemia lymphomas, where after a pneumonia with a high fever or a near septic reaction, there was a remission or reduction in the tumor burden.

So, you know, we've seen that.

Fever, Immune Activation, and Mistletoe

But how to control that is still a question. All these new immunotherapies are coming out and mistletoe was actually the first immunotherapy, you could say.

Now we're trying to create new immunotherapy synthetically. And I think the verdict is still out on how well those are going to work. Yeah. Yeah. And the power with using something herbal like mistletoe versus a chemical version is that it is common flex and also work with the body's innate intelligence so it's not going to add dis regulate the body.

It's always going to be supportive and leave the body stronger than it was before. Yes. I mean, I just want to mention and that that is true, 99% of the time, you can give too much mistletoe and make it cytotoxic.

But if it's, you know, given in the right way, everything you say is is true. And I think that's maybe magic's not the right word. But but one of the wonderful things about mistletoe is a medicine and that it plays well with other therapies.

There are very few contraindications where you can't combine mistletoe with another nutritional, you know, integrative or conventional treat. And there's very few situations where you can't use them together.

And over the last eight years, that mistletoe has been in existence. And of course, it's getting better and better every decade and more refined, and the production methods are better and better.

There's still only a handful of reactions ever reported over all those years with other medications. And so what are some of the kind of things to watch out for in regards to mistletoe that are are there times that you should not do it?

Are there concerns in regards to mistletoe? I mean, you mentioned 99.9. I mean, what what are some of the times that it may not be appropriate? Yeah, there are definitely a few instances where you wouldn't want to give mistletoe or you'd have to wait.

The most obvious would be an infection. If you have an acute infection with a fever, you don't give mistletoe at that time. You wait till it's over. So you wouldn't give it during a pneumonia or a bladder infection or sepsis or something like that, because we don't want to heighten the immune system, that's all, and make it overstimulated.

That would be a big mistake. So we stop it during that time. If someone's in an acute autoimmune phase, let's say with an acute colitis hypothyroidism, a acute flare of lupus, the way it regulates the immune system might heighten some aspects of that autoimmune response.

So in those acute phases, we want to use it very judiciously, low dose or not at all, unless it was really under control. And chronic phases where people are stable, we don't worry, but that would be one of the main areas and then allergy and there's very few instances of allergy to mistletoe.

I if you studied more trained in it, one would go more into that. But there's very few metabolic conditions where you can't take mistletoe. But there are a few. Yeah.

And how is how is that usually administered. What is usually like what would a treatment protocol look like for for people that that are curious out there?

Yeah. The most common is subcu, which is an injection like a insulin shot for a diabetic. Very teeny, tiny needle. You can use almost the smallest one you can get and you would inject it subcu into the skin.

A lot of people want to know, can we use it orally? You can use it orally, but there's still no study that shows that you get high enough lectin and this toxin and other constituent levels to come close to the injection.

So maybe we would use that in a child or someone who absolutely couldn't take it. And then IV is the next most common intravenously, where quite high doses can be used of mistletoe much, much higher than subcutaneous.

And we usually use that in more acute phases of cancer or in early phases of treatment. And then in Europe, for instance, mistletoe is injected directly into tumors.

It's used for pure disease in the lungs with fluid or sides in the abdomen. Those kinds of things can't be done so much in the United States because that usually has to be done in a hospital.

But it's even been injected that way. Yeah, in different other parts of the world. Mistletoe is growing a lot right now in East Asia and South America as well.

Many, many doctors are starting to use it in clinics in those places almost more than Europe now. And with the with the subcu injection, is that a daily thing is that you're just do a certain dosage and you stick with that dosage?

And how long of a treatment phase. It's you asked. So so subcu. I would say the average is three times a week. That would be like an average amount of times.

Mistletoe is given a week. Whether it be IIB or subcu or a combination.

Safety, Contraindications, and Administration

There are times where people have used it daily or every other day. You have to be careful about how much you use for how long that way. But that's possible.

And in cases where the cancer is in remission or we're using it more prophylactically than some people, just take it one or two times a week with pauses during the year to kind of support the immune system and kind of a rhythm.

So someone might take it a month on, a month off, or take it for a month and then take it for two weeks. Or if you're long term in remission, maybe you just go through a cycle four times a year.

So there's many possibilities on the rhythm, but I would say three times a week is the most common. And how do you know what kind of dosage to to do when you do subcu?

You know, you just kind of start at a certain dose and and think that that's right. Or how how do you kind of

approach the appropriate dose? Yeah, well, I couldn't teach a physician in this short time exactly how to do that because the actual milligram amount that you would start with is quite different for the different brands of mistletoe.

There's several brands, four main ones that are used in this country or in other countries too, and they have different lectin contents and they have different active constituent levels.

So let's say the most common one in this country is similar to what's called halix or in Europe, and that we can build up pretty fast. So you might start at one milligram and then your goal might be in a few weeks to get up to 50 or higher milligrams.

Could be though you react at five or ten milligrams and you have to stay there for several weeks, maybe even a couple of months sometimes. So I would say it's a process of escalation, whichever type we use.

Many of the missile tows come in escalation pacts where it's escalating on its own and you're just sort of following that escalation along. And then when you get up to the right dose, that you need, then we give a more consistent of the same right, but we go by the skin reaction.

Usually we're looking, especially in the beginning for a little bit of a red dendritic reaction on the skin. We usually want it a quarter size or smaller or if we're getting about that much reaction, that's a good dose.

And as soon as that's reducing, we continue up, right? If we want to push it more quickly, we might say a silver dollar, you know, or a red reaction like that.

But we use that red reaction, especially in the beginning, to guide how fast we can escalate the dose. That's the most common way we know. And then by how the patient feels, you know, how they feel that they feel healthy.

And so through these aspects of quality of life, we discussed engage. Right. Do they do they feel more vital in that way than we know we're doing it the right way?

Usually if we're not, the patient doesn't feel good. They feel like they have a flu maybe. Or, you know, they're feeling a bit overburdened. Then we know we have to do it a little differently, but it still has never hurt somebody.

I think there's two ever selected cases in 75 years. Oh. Okay. Okay. Yeah. That's pretty safe medicine, considering I'm sure there has been millions of doses administered through this time.

Yeah. Are there some stories? I mean, and people always want to kind of hear, you know, what what are what are some things that you've seen with mistletoe where you've seen that this really impacted this individual?

And and how how did that turn out? Yeah, sure. I mean, of course, with mistletoe and cancer and any treatment, we all know that can be a challenging disease.

It can't cure everybody. Right. And then yet wonderful things can also happen. If I were to choose one of my favorite cases, I would say it's one of those in between instances where I had a patient with stage four prostate cancer.

I think I put this story in the book because he was one of my close, close patients and he was just given a month or two to live. It was already metastasized to bones and liver near the brain, in the lungs and he said, just keep me alive long enough to go visit these three churches of the mother, Mary, he wanted to visit in Europe.

So we engaged him in integrative support of treatment with mistletoe, sort of at the core. He made it to those three churches and he he lived for years, right?

In that instance, with some spot radiation once or twice, you know, for a bone lesion, but otherwise he wouldn't accept chemotherapy, which in that case has a very poor track record anyway for prostate that metastasized as stage four prostate cancer.

But not just the cancer getting better and holding back for that period of time. I think also to see how active he was, how vital he was, how his mood was, was strong.

And he he really had an extremely high quality of life with his wife and his children and stories like that sometimes stick with me as much as a full remission, which is what we always want.

And we have, you know, many instances where mistletoe is part of that, too. And yeah, but sometimes these kind of stories where you see the dignity and strength of a human being shine through, you just don't ever forget that, you know?

No. Yeah. Those I mean, how much is that experience worth?

Clinical Stories and the Promise of Integrative Oncology

I mean, to be able to to have those extra six years and to be able to to achieve that goal in your life and then to be able to transition. Yeah. Knowing that you've done that and, you know, feeling complete, I mean what a blessing.

Yeah. And then yeah. And then we have cases where, you know, as part of integrative modality, people of course got into remission. And then there are some instances where it's either too far or long or too aggressive a cancer and mistletoe is not enough and something else is needed.

But for most cancers it can play a positive role, I would say. And you mentioned a little bit about injecting into the tumor and that obviously is not done much here in the United States, but more in Europe.

What what kind of benefit do they see there? Do they do that along with other type of therapies? And you know what what happens what kind of impact does it have on the tumor directly by injecting it?

Yeah, there's a few studies out there and not a lot of intratumoral injection. It is done more in Europe. It's true. I mean, it's not approved to do it that way here.

So you have to do that sort of out of. Right. Normal sort of FDA boundaries there and decide I'm just going to do it because my patient's in late stage, you know, cancer or in a difficult situation and then we are allowed to give those kind of treatments. Right.

And I think there are some tumors that, let's say, are locally difficult to move or the person can have surgery for a certain reason or a person can't take chemotherapy right away for a certain reason.

Reason. And we can see a shrinkage, let's say, of a breast tumor or a merkel cell is one of the common ones. That's a rare tumor that's responded really well.

You know, enter tumor early in the studies in Europe and then subcu and preventing it from coming back. Lymph nodes sometimes, you know, or a localized lesion can respond sometimes to mistletoe and shrink significantly.

But I would say that doctors should be very well trained if they're going to do something like that. Yeah. Any anything else that you feel should really be covered in regards to mistletoe for for our viewers?

You know, I think mistletoe symbolizes something that's very important. You know, it really I think symbolizes where most of us who practice holistic and integrative medicine are trying to get.

And that's to an understanding this word I said earlier. So with the genesis, how do we activate the body's capacity to self-heal to the maximum degree?

You know, and mistletoe is not the only treatment that does that, but it very much embodies that in the sense that it can activate the immune system in a difficult situation like cancer and still improve quality of life.

At the same time, when most of the medicines we would use in this case would make people feel sicker and less well. And I think knowing mistletoe has been around for almost 100 years now, in the last 20, 30 years, we have over 100 new studies on it, research papers on mistletoe.

You know, I think it's a goal to shoot for. Why can't we have more medicines and more approaches like that? Not trying to replace modern medicine. It has its place and it's needed.

But if we could reduce morbidities and make people feel better and cure illnesses with so much less side effects and also the combinations of all these medicines, the side effects they create when they're combined together.

I think mistletoe is kind of a symbol of what's possible, and I don't mean that in a way to be rude to other approaches of healing because that exists in other modalities as well.

But I think because just because it's cancer, you know, mistletoe kind of shines a little bit, you know, hey, this is possible even in this situation.

And I think that part is special. Yeah. Well, thank you, Dr. Johnson. This is has been wonderful. And and I appreciate the work you're doing, the education that you're bringing forth. And.

Yeah, thank you so much. I appreciate you having me on. And blessings. Thank you.