AMT brief description

Augmented misteltoe therapy (AMT) is a modern form of cancer immunotherapy[1]. Its concept is based upon

- Experiments by Coley and contemporaries with fever therapy between1895 und 1936, which undoubtedly led to many amazing cures [3] „which would be difficult to achieve today“[4],
- preliminary experiments in cancer mice[2]
- first tests in humans[1,3].

Starting in 2017 we would like to do more case studies using our current protocol.

German clinics in which patients can be treated according to AMT
These clinics, after individual assessment, can treat patients according to the protocol outlined on page 2:

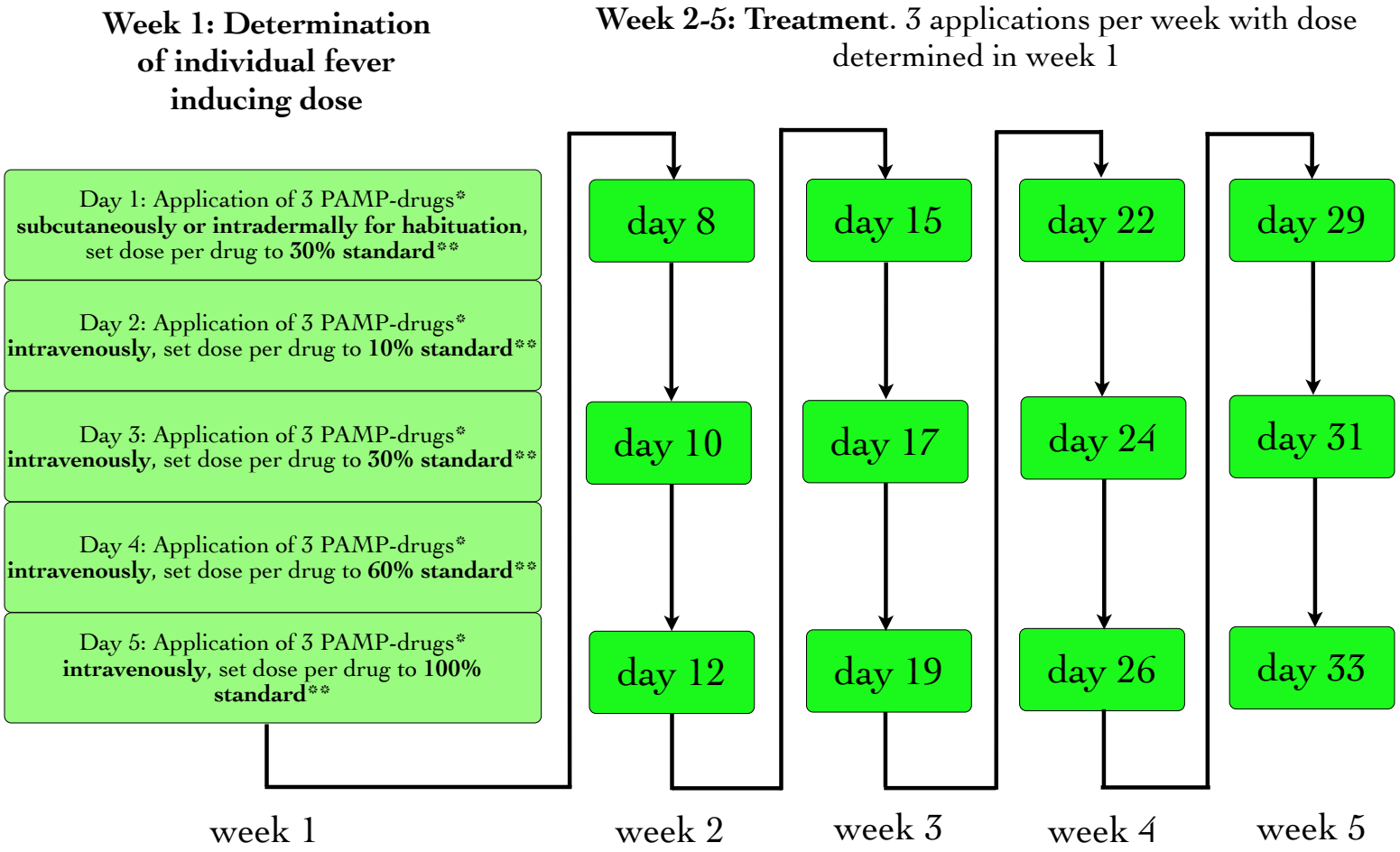
- Klinik Havelhöhe, Berlin (Dr. Schad)
- Universitätsklinik Witten-Herdecke, Herdecke (Dr.Labonte)
- Filderklinik Stuttgart (Dr.Schlott)
- Universitätsklinik Freiburg, Zentrum Naturheilkunde (Prof.Dr.Huber)

Private institutes
In principle, AMT can be done by any general physician with a restroom for monitoring circulation over the day. Financing by governmental or private health insurance has to be negotiated in advance. These physicians have declared their interest to treat patients according to AMT:

- Klinik Arlesheim near Basel, Schweiz (Dr.Orange)
- Klinik St.Gallen, Schweiz (Dr.Schläppi)
- gisunt-Klinik, 26384 Wilhelmshaven (Dr.Wehner)
- Klinik-im-LEBEN, 07973 Greiz (Dr.Reuter)
- Dr.R.Probst, 80336 München

1 www.fevertherapy.eu/references Orange 2016
2 www.fevertherapy.eu/references Maletzki 2013
3 Heilende Hitze, amazon 2017
4 Mantovani et al. Nature 454(2008)436

AMT therapy protocol



* For instance Iscador-M+Colibiogen-inject+Strovac or Iscador-M+Colibiogen-inject+Begripal. Preferably infusion over 2-3h; Strovac and Begripal might be tested i.m. or i.t. Patient release afetr 2-3 hours if not fever reaction occurs, otherwise monitoring of circulation until fever comes down. Use dose determined in week 1 to treat in weeks 2-5.

** See dose recommendation for physicians

Drug repurposing and combination
PAMP immune stimulators act synergistically[1]. We combine three approved drugs which, according to the instruction leaflet, contain PAMP. We recommend Iscador-M+Colibiogen-inject+Strovac or Begripal (cheaper). These drugs are either approved for i.v application (Colibiogen) or have been tested off-label (Iscador in hundreds of cases, Strovac a few times). Iscador, Strovac and Begripal are approved for i.m. application. Colibiogen and Iscador are approved for the treatment of cancer. Other PAMP contaning drugs can be found in Ref.1 and 3.

Application frequency
The innate immune system, which is the main target of AMT, requires permanent stimulation similar to the stimulation a proliferative infection provides. Therefore, we try to achieve three treatments per week. We do not recommend to decrease the number of treatments or the dose except in particular weak patients.

Dose finding
Individual patents have different capabilities to react with fever on PAMP stimulation. Therefore, in week one, we determine the individual fever inducing dose. Starting with a very low dose, dosage is increased from day to day until fever of > 39° C occurs which comes down to normal within a day. This dose is used for treatment in week 2-5.
In weak patients a subfebrile dose might be preferable over treatment suspension. An in-depth discussion can be found in Ref.3.

Risk of adverse events
Fever induced by PAMP drugs can be exhausting and a burden for circulation. On the other hand many patients report an increase in mental and physical power in the days after fever. PAMP induced fever is not dangerous, compared to a viral or bacterial infection, and does not lead to long lasting damage, compared to chemotherapy and radiation.

Uncompromised immune system
Optimal success of AMT therapy can be expected only with an uncompromised immune system. Therefore, patients should, ideally, not be pre-treated by chemotherapy or radiation, or the immune system should have had at least 6 month (better 24 month) time for recovery. In pre-treated patients, we do not know whether AMT can be successful; we know that fever can have unexpected kinetics or fail. Along the same rationale, immune suppressive drugs such as cortisone or opiates are not compatible with AMT.

Treatment success monitoring
Fever therapy experienced physicians observe general conditions such as decrease of pain, increase of appetite and energy, personal account to judge treatment succes. Cancerous lesions should become smaller and softer in the long run. Transient hardening and size increase probably due to influx of immune cells has been observed Cytokine markers expected to increase after innate stimulation are TNF-α, IL-1, IL-1β,IL-6, IL-12, IF-γ. Inflammatory markers and markers for immune suppression expected to fall are IL-10, TGF-β, and the so-called neutrophil-lymphocyte ratio (should fall below 3-4). An in-depth discussion can be found in Ref.3).

I am patient - what can I do
Print this AMT brief description and take it with you for discussion with your physician. Please report problems and successes to uwehob@fiebertherapie.eu.