

Hyperthermia (InfraRed) and Electrotherapy

By Harvey Kaltsas, D.O.M.,A.P.

Janice wasn't flattered when the German shopkeeper congratulated her on the baby she looked about to deliver. For despite her severely swollen abdomen, Janice was not pregnant. She had advanced multi-drug resistant peritoneal cancer with an accumulation of fluid in her abdominal cavity. Janice had been told she was in the end stages of an eight-year battle that had started with ovarian cancer and metastasized into liver, colon and bladder cancer.

Instead of preparing to bring new life into the world, Janice wanted to die, to put an end to her constant pain, suffering and hopelessness. Her doctors in the United States had given up on her. She was frankly sick of it all, ready to let her will ebb away and surrender. But at a friend's pleading, Janice made one last try at a cure by going to the Klinik St. Georg in Bad Aibling, Germany, outside of Munich. The clinic, known to English-speaking people as St. Georg Hospital, nestled in the foothills of the Alps, treats 2,500 German and 2,500 foreign patients a year and has developed a widespread, word-of-mouth following.

Janice told me her story three weeks after she stated treatment at the clinic. With a joyous smile on her beautiful face- -and a stomach now flat- -she pronounced, "This is my favorite place in the whole world. I just love it here!" She said she was completely free of pain, and her energy had been restored.

She received treatment according to a standard Klinik St. Georg cancer protocol: a week of detoxification and the strengthening of the immune system with diet and nutritional supplements, followed by two weeks of localized hyperthermia treatment and low-dose chemotherapy. Hyperthermia involves raising the temperature of the body area surrounding a malignant tumor, or in many cases, the whole body itself, to levels of heat and for periods of time lethal to the cancerous tissue but not injurious to other cells.

Friedrich Douwes, M.D., of Klinik St. Georg has great success using a "synergy of treatments"- with special emphasis on the use of heat from **far InfraRed radiation** and direct electrical current as mainstays of his cancer-killing strategy.

In Janice's case, the abdominal area was perfused with the chemotherapy agents cisplatin and carboplatin during hyperthermia treatment. Because the treatment heated the abdominal cavity to 107 degrees Fahrenheit (41.7 Celsius) for one hour (IR treatment), the chemotherapy was able to penetrate the membranes of the cancer cells much more easily. Thus Janice needed only half the normal dose of chemotherapy and suffered none of the usual side effects.

About two months after treatment began, Janice informed me that she was continuing to improve and felt better than she had in years. Shortly thereafter, she no longer showed any sign of disease whatsoever. Her CA 125 cancer markers (a blood test measurement of the level of antigens produced by ovarian cancer cells) dropped from above 2,500 to the 100's and her health is now perfect. Janice says that, from talking with long-term cancer survivors she has met at Klinik St. Georg, and from her own experiences, she is convinced there is hope for permanent remission.

Ideally, before persons with cancer seek chemotherapy, radiation or surgery, they should consult an alternative or complementary physician such as Professor Friedrich R. Douwes, M.D., Medical Director and founder of Klinik St. Georg. As an oncologist who integrates holistic with conventional approaches, Dr. Douwes is widely renowned for his successes. He has published numerous papers on alternative cancer treatments and is currently Vice President of the German Society of Oncology.

Clinic patients have the opportunity to initiate detoxification, nutritional/herbal supplementation for immune modulation, exercise, positive thinking practices and psychotherapy, as well as hyperthermia and/or electrotherapy treatment. Dr. Douwes is bound by the canons of German medical ethics to also advise his German patients as to standard conventional chemotherapy's, and feels obligated to inform his international patients of every option open to them. But if his patients decline chemo, then he becomes their biological therapist. (ND in America)

What a difference this approach is to that of many conventional oncologists who scare their patients with treatment imperatives that include threatening prognoses: "If you don't do this surgery, chemotherapy and radiation, you're going to die in so many months.

Building Immunity

One of the long-term cancer survivors I met in Bad Aibling is Friedhelm, a former schoolteacher who couldn't wait to tell me his story. We talked on a couch in "Professor" Dr. Douwes's waiting room. Friedhelm was diagnosed in May 1993 with a non-small-cell lung tumor 12 centimeters by 6 centimeters (about 4.7 inches by 2.4 inches) in size. This type of cancer usually has a five-year survival rate of only 10%. Doctors told Friedhelm: "Go for chemo tomorrow. If you're very lucky, you'll survive six months. He knew of Dr. Douwes's reputation and effectiveness of his therapeutic protocols because his brother had gone to university with the doctor.

In Friedhelm's words, his immune status at the start of treatment was "nothing, absolutely terrible." Dr. Douwes told him he couldn't start chemotherapy right away. He could not withstand the poisons. Like most patients, he had to build his body up first. Thus, for two weeks, he was given nutritional supplements and natural immune system modulators.

From May to September 1993 Friedhelm had two cycles of low-dose chemotherapy with hyperthermia. Then in October he had radiation in Munich, nothing more. By the end of treatment he was cancer-free, and has been ever since. His other medical doctors are astonished and consider the case unexplainable. He suffered no hair loss from the chemotherapy, no nausea. In fact, except for a mildly reduced white blood cell count that his doctors attribute to the radiation in Munich, he had no side effects whatsoever.

"Most people call it a wonder. I think it's a result of this therapy." Says Friedhelm. He points out that he now has more hair than he did ten years ago. He also observes that "in the past, before health insurance, if you were poor, you died soon. Now, if you're not informed, you die".

Dr. Douwes says that killing malignant tumors is usually not difficult, and a synergy of treatments works best for that. The biggest challenge comes about afterwards, to keep tumors from coming back once patients leave the clinic and resume a normal lifestyle. To prevent their reoccurrence one must keep the immune system strong with diet, exercise, nutritional supplementation and especially a positive mental attitude.

Friedhelm has taken this advice to heart. He is on a regular supplementation program and visits Dr. Douwes faithfully four times a year for reassessment and cancer screening (early detection). He says he retired from teaching and fulfilled a life-long dream of riding his motorcycle down Route 66 in the U.S.

While in Bad Aibling, I met patient after patient who would not have considered undergoing more chemotherapy unless it was low dose chemo in combination with hyperthermia or electrotherapy. Not only do these treatments reduce the amount of chemotherapy needed, but also they markedly reduce side effects from chemotherapy and radiation, and they allow for achieving much greater results. Dr. Douwes backs this bold statement by referring to many oncology studies, both in the laboratory and in actual patients.

Prostate Cancer

Another one of Dr. Douwes' many success stories is Les M., an engineer from California who had prostate cancer. From his professional education he brings a skeptical, inquiring, scientific perspective to viewing various situations. Before Les came to Klinik St. Georg for transurethral prostate hyperthermia treatment, he carefully reviewed the literature on different treatments. He chose the clinic after learning that local-region radio-wave hyperthermia has produced "fabulous results" (whereas the U.S. study of hyperthermia using microwaves cause patients agonizing urethral pain and made U.S. doctors thereafter shun the procedure). Les was also impressed to learn how sophisticated the clinic's method of determining efficacy of treatment is. The traditional Prostate-Specific Antigen (PSA) test gives a high rate of false negatives (about 30%). Les had a particular form of aggressive form of aggressive prostate cancer that is not revealed by elevated PSA's. Klinik St. Georg also uses the Polymerase Chain Reaction (PCR) technique to determine whether cancer cells are still circulating in the blood stream.

When I met Les just before he was to go in for his first treatment. He sat in a comfortable upholstered chair with flexible radio-receiving plates affixed to each buttock. With local anesthesia he had a probe containing a tiny radio transmitter introduced through a transurethral catheter into his enlarged prostate. Unlike the American protocol, which used high-energy microwaves that burned both cancerous and non-cancerous tissue alike, the Klinik St. Georg treatment employs short-wave radio transmissions. These heat the prostate area to between 113 and 158 degrees Fahrenheit and adversely affect only malignant cells. At times Les felt some discomfort during the treatment, as if he had to urinate, but otherwise the three-hour process was not traumatic, and he was asleep for much of the time. I interviewed Les fifteen minutes post-therapy, after his catheter was removed and he had urinated without pain or any burning sensation. He was positively joyful and downright playful.

I received a call from Les Two months later, just as I was finishing writing this article. He had to tell me that he had just visited his previous two conventional oncologists. They performed the ultrasound imaging and digital rectal palpation that had revealed his cancer in the first place (later confirmed by biopsy). They found nothing: there was no evidence of cancer left. They could not perform a follow-up biopsy because there was no mass left to target.

A Trailblazer in Oncology

Dr. Douwes is a large, muscular bear of a man. He reminds me of a middle linebacker from the National Football League, or one of those undeniably self-confident athletes who says to his opponent, "You think you're tough. So bring it on. Show me what you've got." That's the doctor's attitude toward cancer, and his upbeat optimism sets the tone for the entire clinic.

For the most part, clinic staff and patients alike are happy and at times ebullient. The setting probably helps, the clinic rivals any five-star hotel for comfort and accommodations, quality of food, service and majestic view. The only

morose patients I saw were those who had just recently begun treatment. I assumed that they, too, would be soon infected by the good cheer freely shared among patients in the dining room and group therapy rooms. A patient with prostate cancer said to me that Klinik St. Georg "is the only cancer clinic I've ever been to where people laugh".

Dr. Douwes was not always so upbeat. Following his training in oncology at medical schools in both the U.S. and Germany, he served as head physician of the oncology department at the University of Gottengen, where he got severely discouraged. "I decided after 10 years," he said "to either quit medicine or to become a landscape gardener, because I was so disappointed about the results in clinical oncology".

"I had my first fight with the faculty after I was supposed to publish a paper about patients with non-small cell cancer of the lung. We had a double-blind study, one placebo group and one that received Adriamycin, Cytosan and Oncovin. The results were that from the placebo group, the median survival rate was 9.6 months and in the treated group it was 13.4 months, and this was statistically significant. I was supposed to publish it because the pharmaceutical companies gave us a grant.

"I told them that this may be statistically significant, but it was baloney. What does it mean? Three or four months. If you take into account that these people in treatment survived this experience only four months longer, then I was not going to publish it. They had a lousy life quality; they had to be hospitalized most of the time; they had more chemotherapy, more blood transfusions, and we actually stole several months of their lives from them.

"They told me that if I wasn't going to publish the paper because it's insignificant, then they would cut our grants. This was the minute when I quit and said, " This is it. I cannot do it anymore because this is not the way to treat these people." So I slowly adopted complementary methods into my medicine besides conventional and still stay with conventional medicine because St.Georg is a fully licensed hospital. All major insurance's pay and I somehow had to balance it and, therefore, we call it integrative medicine. We have practiced this now for 15 years.

"As soon as I adopted these methods, I became more and more successful, especially when I had the opportunity to introduce hyperthermia into our treatment and protocol. This was in 1983 and 1984, and my mentor was an American surgeon, the late Dr. Harry Levine. Also, there was Dr. Rudi Falk from Toronto, also deceased. They were the first I met with experience in hyperthermia. Later we made our own machines, and at the moment I think we are now the leading such hospital in the world because we have all varieties of hyperthermia."

Hyperthermia and Electrotherapy

"There are no other treatments I know," Dr. Douwes says, "that have such a high specificity to kill and inactivate cancer as hyperthermia and electrotherapy." These two methods form what Dr. Douwes calls "the new strategy," which he anticipates will become a mainstay of conventional cancer therapy in the near future. "They have few side effects and are absolutely cancer specific."

Dr. Douwes showed me a study by the European society for Hyperthermic Oncology on the five-year survival rates of patients with malignant melanoma. Only 28% of those treated with radiation alone survived five years. Whereas in the group treated with both radiation and hyperthermia, 46% were alive after five years.

Keep in mind that these studies were performed by conventional oncologists who added only hyperthermia to their standard treatment protocols. Nothing was done to support their patient's well being and immune systems. Unlike Klinik St. Georg, they did not use detoxification regimens, biological dentistry, special diets, nutritional supplements,

exercise programs like yoga and swimming, sessions in the hot tub and mud baths, lymphatic drainage massage, and visits with a staff psychologist for positive imaging. They were able to nearly double five-year survival rates for melanoma patients by using hyperthermia once a week with conventional radiation treatment.

Ovarian Cancer

In another trial with late-stage, therapy resistant ovarian cancer patients who had undergone multiple previous courses of chemotherapy (in some cases up to eight), 69.2% responded positively to a combination of chemotherapy and hyperthermia, and 15.5% went into remission.

Breast Cancer

In a Klinik St.Georg trial, 36 patients with advanced multi-drug resistant breast cancer were treated with whole-body hyperthermia, chemotherapy, anti-hormone treatment and local region hyperthermia. The positive response rate was 66.4%, of whom 13 patients (36.1%) went into remission. No change was noted in 11 patients (30.5%).

In *Vitro* studies performed by Doctors Douwes and Jurij Bogovic of Klinik St. Georg have documented that cancer cells treated with a group of chemo agents showed an exponential increase in anti-tumor efficiency when combined synergistically with hyperthermia.

Dr. Douwes says that patients who do best are those on a comprehensive biological program, which includes proper diet, nutritional supplementation and exercise. Chemotherapy and hyperthermia are applied if necessary. But do not get the impression that hyperthermia is effective only when used with chemotherapy or radiation: it is also used to potentiate the effects of various nutritional and herbal anti-cancer remedies.

One aspect of the clinic that Dr. Douwes says that he is expanding and always improving is the use of herbals and nutritional supplements to target cancers and boost the immune system. Recent research has revealed that plant-based phytochemicals modify the permeability of cellular membranes, thus allowing nutrients to enter and be metabolized within healthy cells, while making cancer cells more pervious to attack from outside. Klinik St. Georg has long used alkylglycerols on all patients for this very purpose. Dr. Douwes uses Ecomer™ Alkylglycerols exclusively. The clinic also employs many other supplements, including thymus protein, vitamin C, selenium, Coenzyme Q10, mistletoe, high-dose antioxidants and enzymes to enhance immune response.

Dr. Douwes has started using two new lines of products to complement his standard therapies. One is the Natura Herbals™ line of Chinese herbal formulas. These are derived from remedies that have been proven in China to efficacious reportedly in 83% of 400,000 patients. The other is Nutrizyme™ from American Nutraceuticals. This formula combines protein-digesting enzymes with other immune stimulants and can strip the sheaths (made of fibrin polyglucoprotein) from around cancer cells, rendering them more vulnerable to attack. It is likely that, used in combination with hyperthermia, several of these products may be able to virtually supplant conventional chemotherapy agents in some cases.

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