ABNOBAVISCUM®

ABNOBAVISCUM IN SUBCUTANEOUS AND INTENSIVE APPLICATIONS

Dr Simon van Lieshout, National Centre for Integrative Medicine (NCIM)

Integrative & Personalised Medicine 26

Organised by: progressive communications

In association with College of Medicine and Integrative Health

#ipmcongress

One of the best clinical evidence bases available in integrative oncology phytomedicine

173 clinical trials: Improvements in quality of life & immune system parameters

Excellent safety profile

No problematic interactions with chemotherapy or other medicinal products

Evidence of safety in combination with targeted therapies including monocolonal antibodies, tyrosine kinase inhibitors, and immune checkpoint inhibitors

www.mistletoe-therapy.org

INTRODUCTION: MISTLETOE WITHIN INTEGRATIVE ONCOLOGY

QUALITY OF LIFE EFFECTS

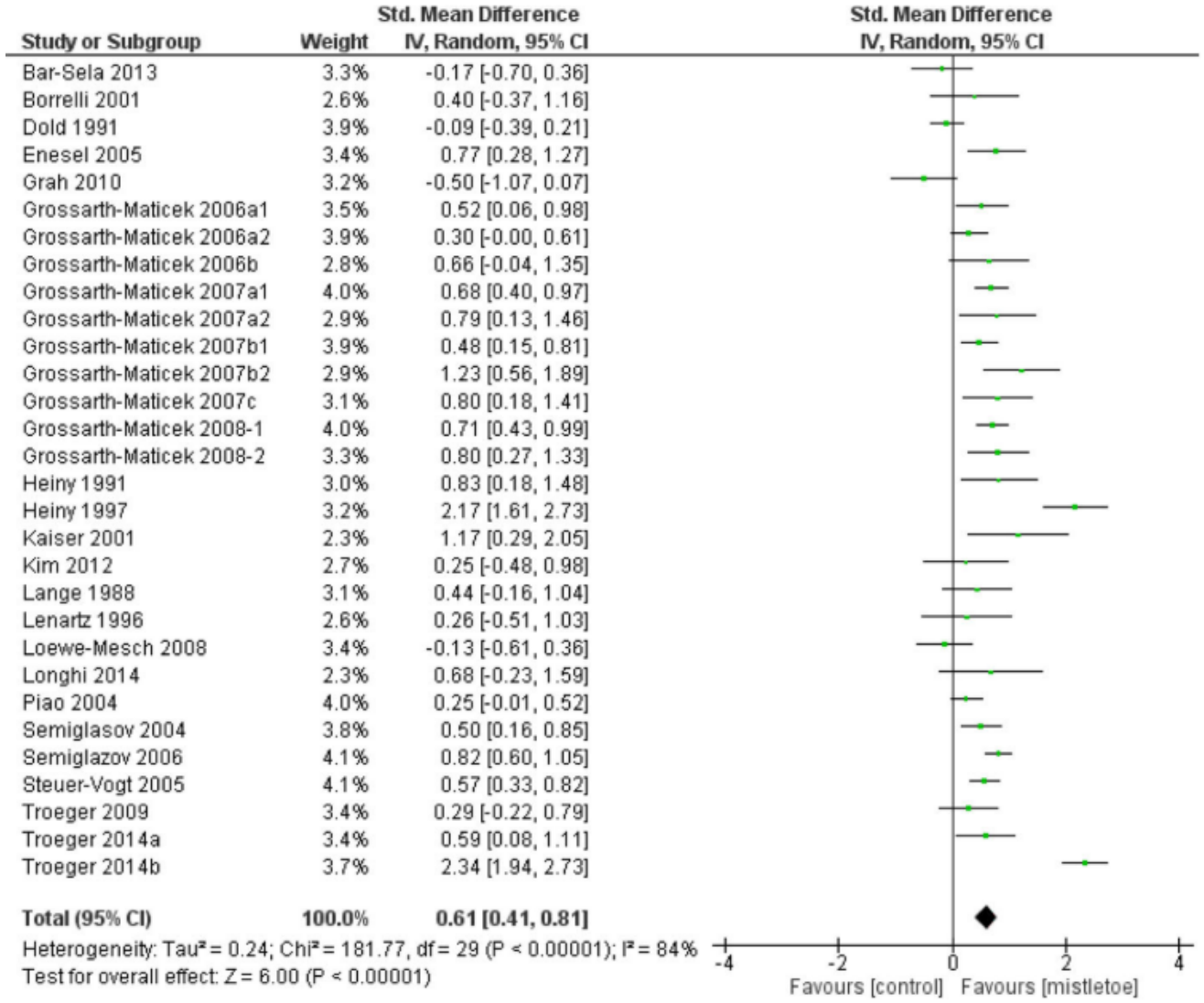
Statistically significant and **clinically valuable** improvement in

- overall well-being

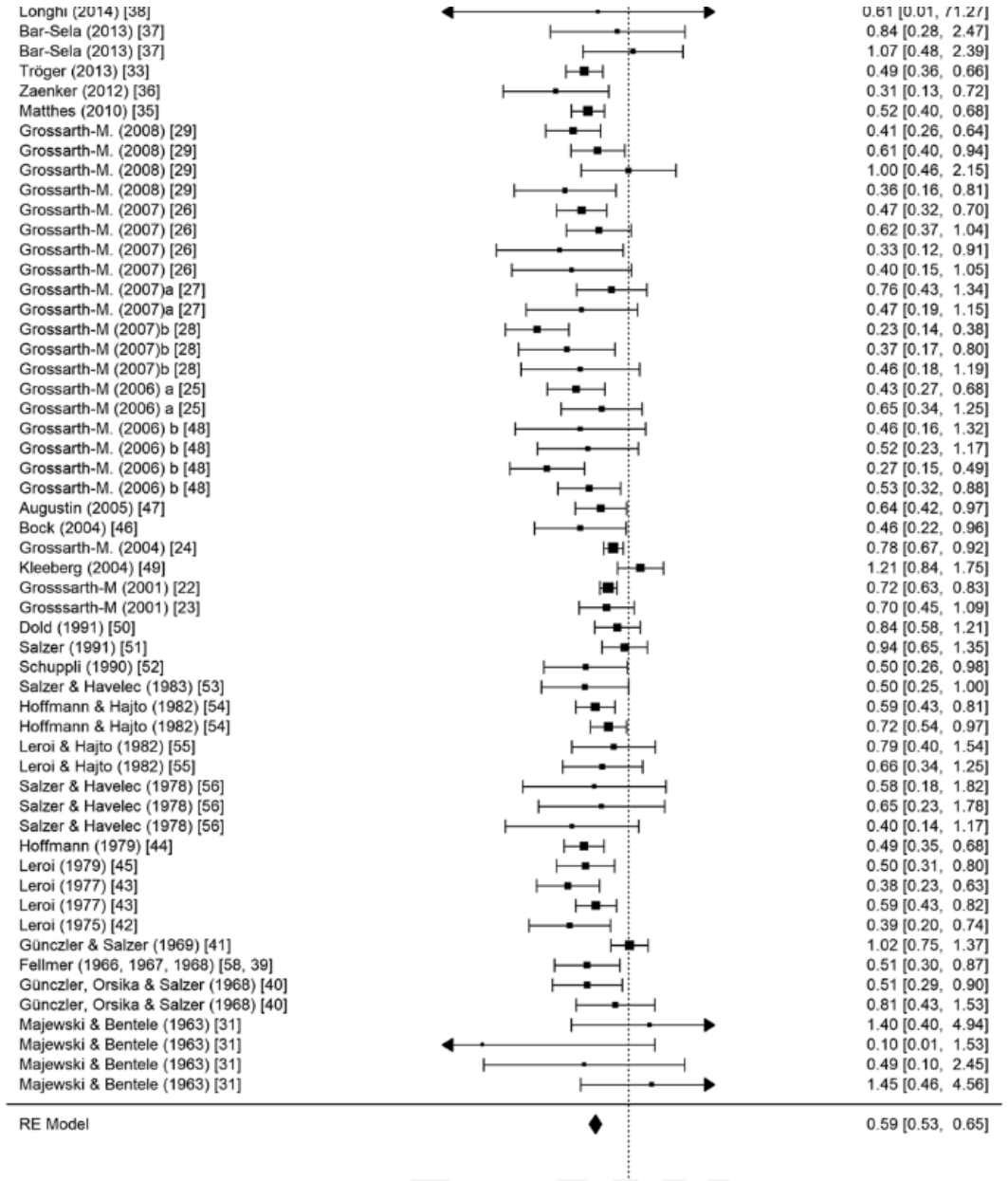
- functional status

Reduced fatigue, pain, nausea

Improved treatment tolerability



Loef, M., & Walach, H. (2020**). Quality of life in cancer patients treated with mistletoe: a systematic review and meta-analysis**. *BMC Complementary Medicine and Therapies*, *20*(1), 227.



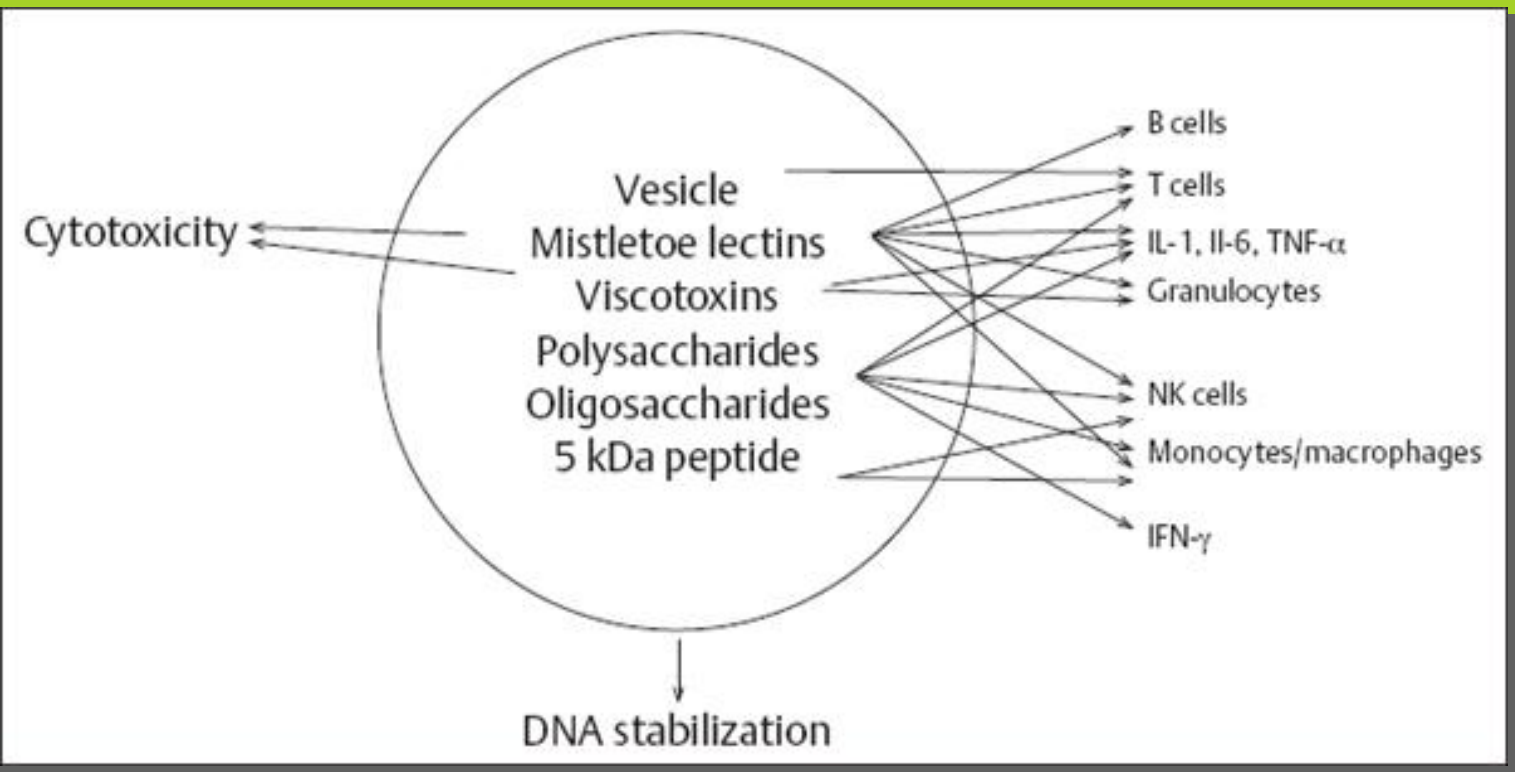
SURVIVAL EFFECTS

Ostermann, T., Appelbaum, S., Poier, D., Boehm, K., Raak, C., & Büssing, A. (2020).

A Systematic Review and Meta-Analysis on the Survival of Cancer Patients Treated with a Fermented Viscum album L. Extract (Iscador): An Update of Findings.

Complementary Medicine Research, 1–12. https://doi.org/10.1159/000505202

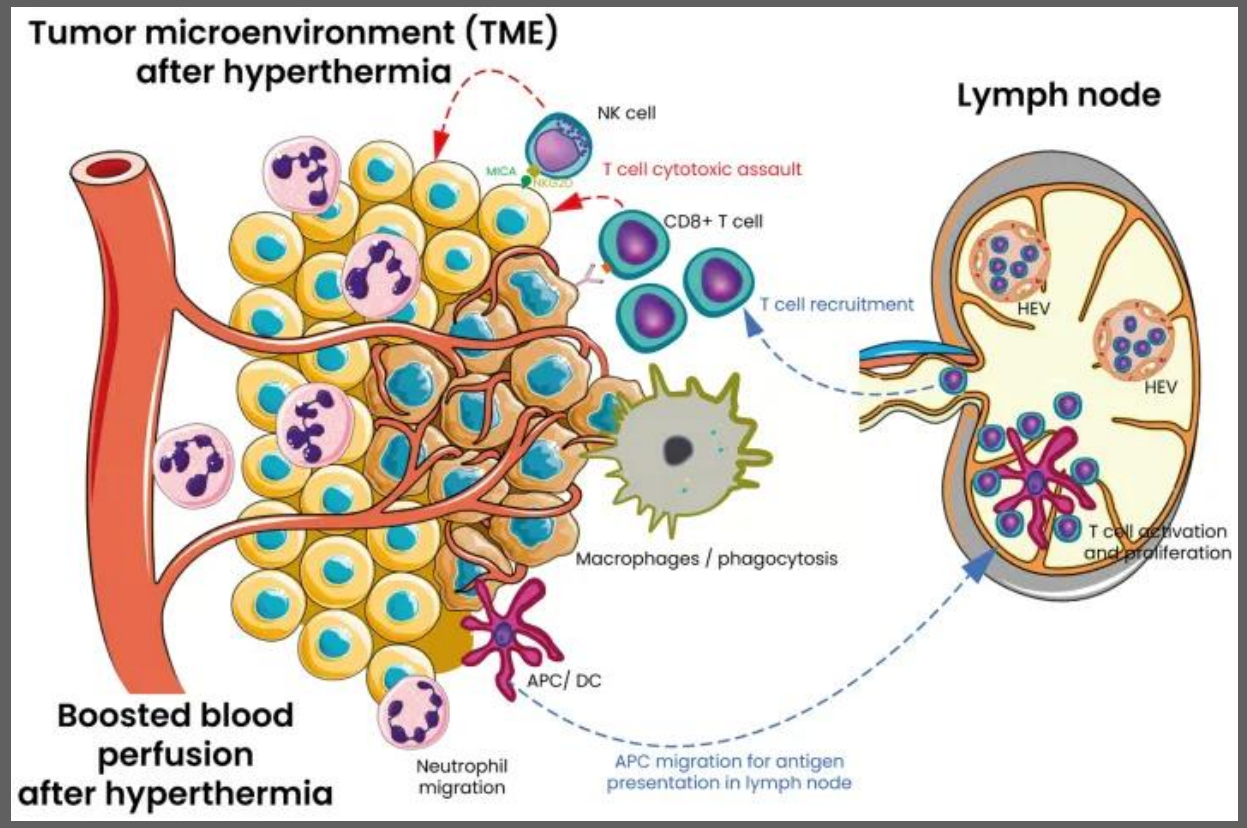
IMMUNOMODULATION & CYTOTOXICITY

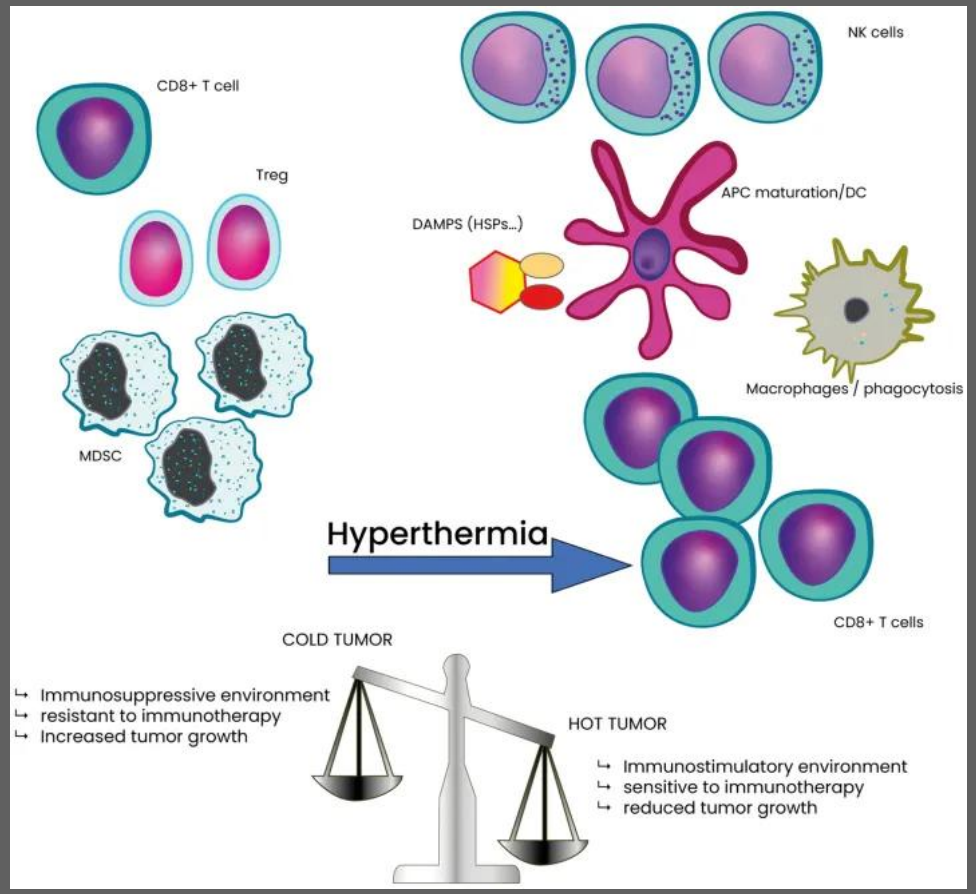


- Cytotoxic effects
  - Viscotoxins (induce necrosis)
  - Lectins induce apoptosis
  - Triterpines complement and enhance these effects
- Immunomodulation:
  - Viscotoxins
  - lectins
  - oligo- and poly-sacharides
- Disruption of tumour micro-environment

Abel U, Büssing A, Hager D, et al. (2006). *Mistletoe Extracts from the Anthroposophical Point of View*. In: Beuth J, Moss RW (eds), **Complementary Oncology: Adjunctive Methods in the Treatment of Cancer**. Stuttgart: Thieme.

INDUCING FEVER RANGE HYPERTHERMIA WITH MISTLETOE





Abreu MM, Chocron AF and Smadja DM (2025)
From cold to hot: mechanisms of hyperthermia in modulating tumor immunology for enhanced immunotherapy. Front. Immunol. 16:1487296. doi: 10.3389/fimmu.2025.1487296

SPECTRUM OF USAGE

Therapeutic objective	Potential benefits
Supportive/complementary – during standard therapy	• improve tolerability of chemotherapy / radiotherapy • immuno-protection (infection prophylaxis) • reducing cancer-related fatigue / protect QOL
Adjuvant ("active aftercare") in treated individuals	• improving the functional status and wellbeing • Immunomodulation • potential reduction of recurrence
Palliative (metastatic tumours)	• symptom relief (weakness, anorexia, pain, nausea) • improvement/stabilization of QOL
Cytoreductive and targeted therapy (exception!)	• IT injection into non-resectable tumours • Pleurodesis
Prophylactic therapy	• in case of defined pre-cancerous (e.g. CIN)

Abnoba GmbH was founded in 1971 by Registered Society for the Promotion of Cancer Therapy

The company reinvests all profits into research, quality assurance, quality improvement, and distribution efforts

Starting in 1990, a unique method of mistletoe harvest, extraction and packaging was developed through in-depth clinical research

Active sales of Abnoba viscum started in 1998 and now total around 2 million ampoules per year – the fastest growing mistletoe drug manufacturer since 2000

UNIQUE PROPERTIES OF ABNOBA VISCUM®

ABNOBA HARVESTING & MANUFACTURING

- Harvested from known, closely monitored trees
- Summer & winter harvests
- Argon & liquid nitrogen protected from degradation from harvesting to packaging
- Maceration extraction preserves 75-80% of active ingredients
- Mixing process produces liposomes

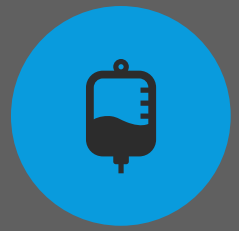
ABNOBA CLINICAL ADVANTAGES

- **Predictably high** levels of **biologically active substances**
- **Tolerability enhanced** by ascorbate phosphate buffer and liposomes
- **Bioavailability is enhanced** further by liposomes
- Effective at inducing **strong immune responses**
- Clinically evident **cytotoxic effects with local application** (intratumoural, pleurodesis, ascites)

ADDITIONAL FEATURES OF ABNOBAVISCUM

COMPLETE PRECLINICAL EVALUATION INCLUDING TOXICITY STUDIES, IMMUNOTOXICITY STUDY

INVESTIGATION OF HERB-DRUG INTERACTIONS ACCORDING TO EMA & FDA GUIDELINES



CLINICAL PHASE I-IV STUDIES

RESEARCH AND CLINICAL EXPERIENCE IN INTRAPLEURAL AND INTRAVESICAL APPLICATION (OFF-LABEL)

AVAILABLE FROM A VARIETY OF HOST TREES WITH DIFFERING PROPERTIES

AVAILABLE FROM NINE HOST TREES

Deciduous trees

- Aceris (maple)
- Amygdali (almond tree)
- Betulae (birch)
- Crataegi (hawthorn)
- *Fraxini (ash)
- Mali (apple tree)
- Quercus (oak)

Coniferous trees

- Abietis (fir)
- Pini (pine)

AVAILABLE IN A VARIETY OF STRENGTHS

Active substance preparations

- 20 mg
- 2 mg
- 0.2 mg
- 0.02 mg

(all 1ml ampoules)

Potentised preparations

- D 6
- D 10
- D 20
- D 30

(all 1ml ampoules)

Treatment starts with

abnobaVISCUM 0.02 mg, 1 ml (= 1 ampoule)
3 x per week s.c. over 2½ weeks – total of 8 ampoules (= 1 package)

Weeks 1 - 3

Any of the reactions 1 – 3 indicate that the dosage is correct:

1 Local inflammatory reaction at the injection site up to ø = 5 cm.

2 Temporary body temperature increase of 0.5 - 1.0 °C within 12 hours following the injection.

3 Patient experiences changes in condition: pain relief, deeper sleep, better appetite.

Example:
Week 1 Mon. Wed. Fri.
Week 2 Mon. Wed. Fri.
Week 3 Mon. Wed.

Reactions 1 and 2 decrease in intensity after 2½ weeks (if not, administer 0.02 mg for an additional 2½ weeks). Thereafter dosage can be increased to the next strength.

The symptoms of fatigue, mild shivering, general malaise, headaches and transient dizzyness that can arise on an injection day are signs of a correct dosage, as long as these reactions subside within the following day.

abnobaVISCUM 0.2 mg, 1 ml (= 1 ampoule)
3 x per week s.c. over 2½ weeks – total of 8 ampoules (= 1 package)

Weeks 3 - 6

Reactions 1 – 3 (above) will regularly reappear. If reactions are too strong or severe, please follow the recommendations of how to proceed in case of too high dosage or overdosage (see adjacent page).

Either: If well-tolerated and the intensity of reactions 1 – 3 subside again, and if the patient's general condition is good, dosage can again be increased to the next higher strength:

abnobaVISCUM 2 mg, 1 ml (= 1 ampoule)
Maintain s.c. inj. 3 x per week, continue with this strength as long-term therapy.

Week 6 onwards

Thus the individual optimal dosage for long-term therapy has been reached.

Or: In cases of poor general condition or if the patient responds very sensitive, the dosage already reached should be maintained.

abnobaVISCUM 0.2 mg, 1 ml (= 1 ampoule)
Maintain s.c. inj. 3 x per week, continue with this strength as long-term therapy.

Week 6 onwards

Thus the individual optimal dosage for long-term therapy has been reached.

Dosage is too high when: *

- the local inflammatory reaction is larger than 5 cm Ø and smaller than 10 cm Ø:
  → reduce injection volume to 0.5 ml (½ ampoule) for the next 3 injections
- the local inflammatory reaction is larger than 10 cm Ø:
  → inject the next lowest strength for 2½ weeks (8 ampoules)
- there is persistent weakness, nausea and / or dizziness:
  → inject the next lowest strength for 2½ weeks (8 ampoules)

Severe reactions and side effects with 0.02 mg persist:
Continue treatment with 8 ampoules of abnobaVISCUM potency D6 of the same host tree.

Long-term therapy

Once the individual optimal dosage has been reached, from week 6 onwards the following course is often applied:

S.c. injections are maintained at 3 x per week for up to 2 years. Then 2 x per week for another year.

After 3 years, treatment-free intervals of 3 months can be introduced.

CAUTION:
Following a treatment-free interval lasting longer than 4 weeks, treatment should always start again with a lower dosage (0.02 mg).

INTENSIVE APPLICATION CASE STUDY

ELSEVIER

Available online at www.sciencedirect.com

ScienceDirect

European Journal of Integrative Medicine 2 (2010) 63–69

European Journal of INTEGRATIVE MEDICINE

www.elsevier.com/eujim

Case report

Durable tumour responses following primary high dose induction with mistletoe extracts: Two case reports

M. Orange [a,*], M. Fonseca [a], A. Lace [a], H.B. von Laue [b], S. Geider [c]

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[b] *Onkologische Schwerpunktpraxis Am Eichhof 30, D-75223, Niefern-Oeschelbronn, Germany*
[c] *Camphill Medical Practice, Bieldside, Aberdeen, UK*

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BILATERAL BREAST CANCER

- 56 year-old woman with metachronous bilateral breast cancer
  - **Right breast cancer -** September 2004: 3.8mm grade 1 IDC, ER+ve. Increased to 5.4mm by August 2005
  - **Left breast cancer –** December 2005: new 23mm lesion lesion in left breast, grade 3 IDC on core biopsy, ER and PR –ve, HER-2 positive
- **Declined recommended treatments** due to concerns about systemic effects
- **Offered viscum therapy** on basis of fully informed consent – not considered an alternative to standard recommended therapies

COMBINED SUBCUTANEOUS AND INTRATUMOURAL THERAPY

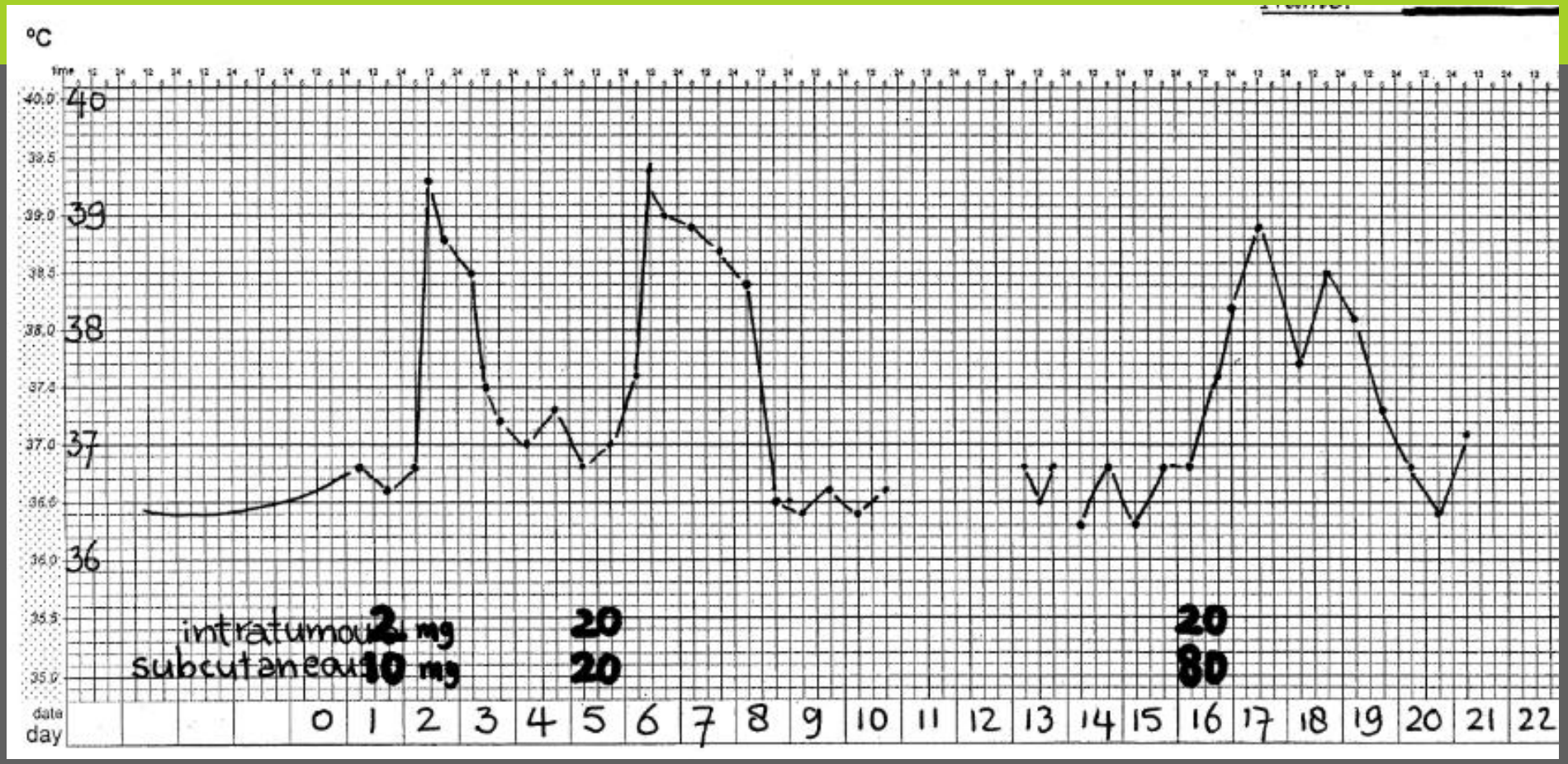
PtB: overview VAE treatment (January 2006–August 2008); weekly application throughout; tumour responses measured by US.

Month	Day	VAE number and dosage/session		Tumour US measurements
		Intratumoural	Subcutaneous	Right/left breast
Induction phase				
0	1	1× 2 mg	1× 15 mg	5/23 mm
	5	1× 20 mg	1× 20 mg	
	16	1× 80 mg	1× 10 mg	

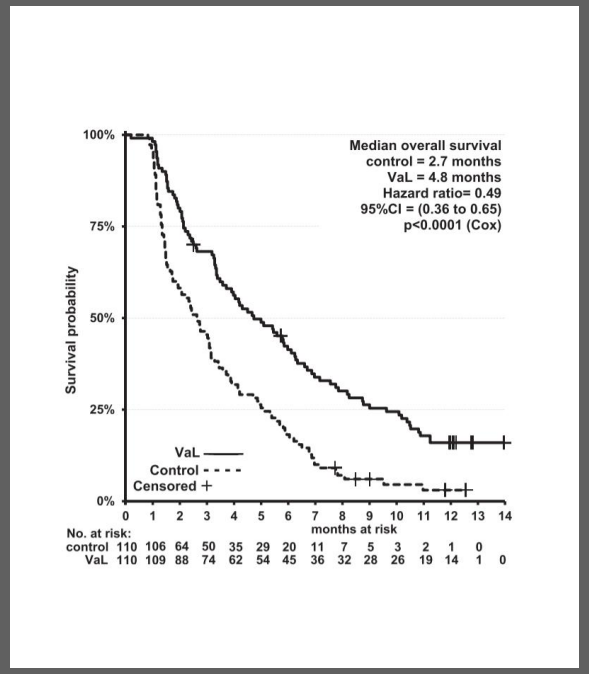
Table 2 (*Continued*)

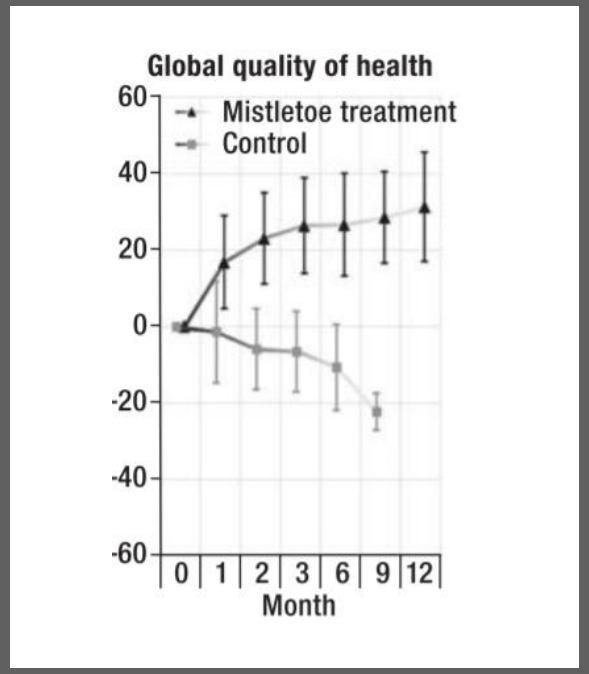
Month	Days and interval	VAE number and dosage/session		Tumour US measurements
		Intratumoural	Subcutaneous	Right/left breast
	910	1× 80 mg	1× 40 mg	
31	917–931	–	3× 40 mg	
End treatment				
31.2	936	–	–	0/0 mm
Number applications		40×	129×	

FEBRILE MISTLETOE INDUCTION THERAPY



PANCREATIC CANCER: QUALITY OF LIFE AND SURVIVAL ADVANTAGES





Tröger *et. al.*(2014). Quality of life of patients with advanced pancreatic cancer during treatment with mistletoe: a randomized controlled trial. *Deutsches Arzteblatt International* https://doi.org/10.3238/arztebl.2014.0493

Tröger *et. al.* (2013). Viscum album [L.] extract therapy in patients with locally advanced or metastatic pancreatic cancer: A randomised clinical trial on overall survival. European Journal of Cancer, https://doi.org/10.1016/j.ejca.2013.06.043

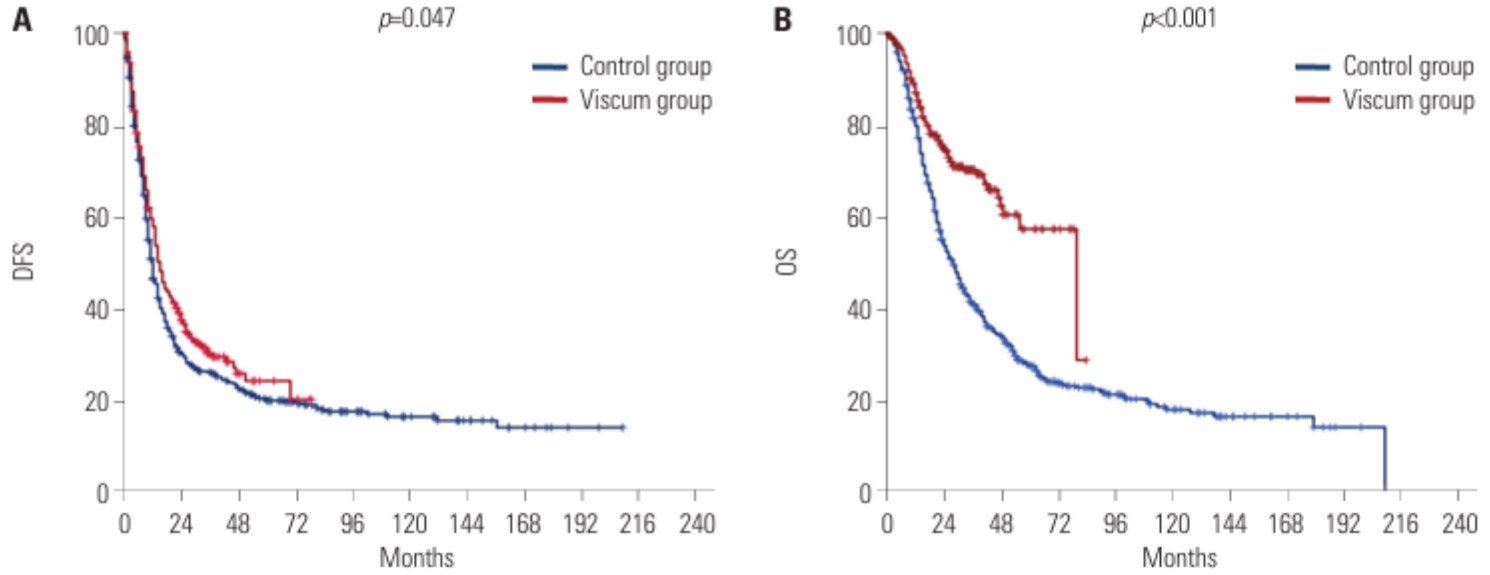
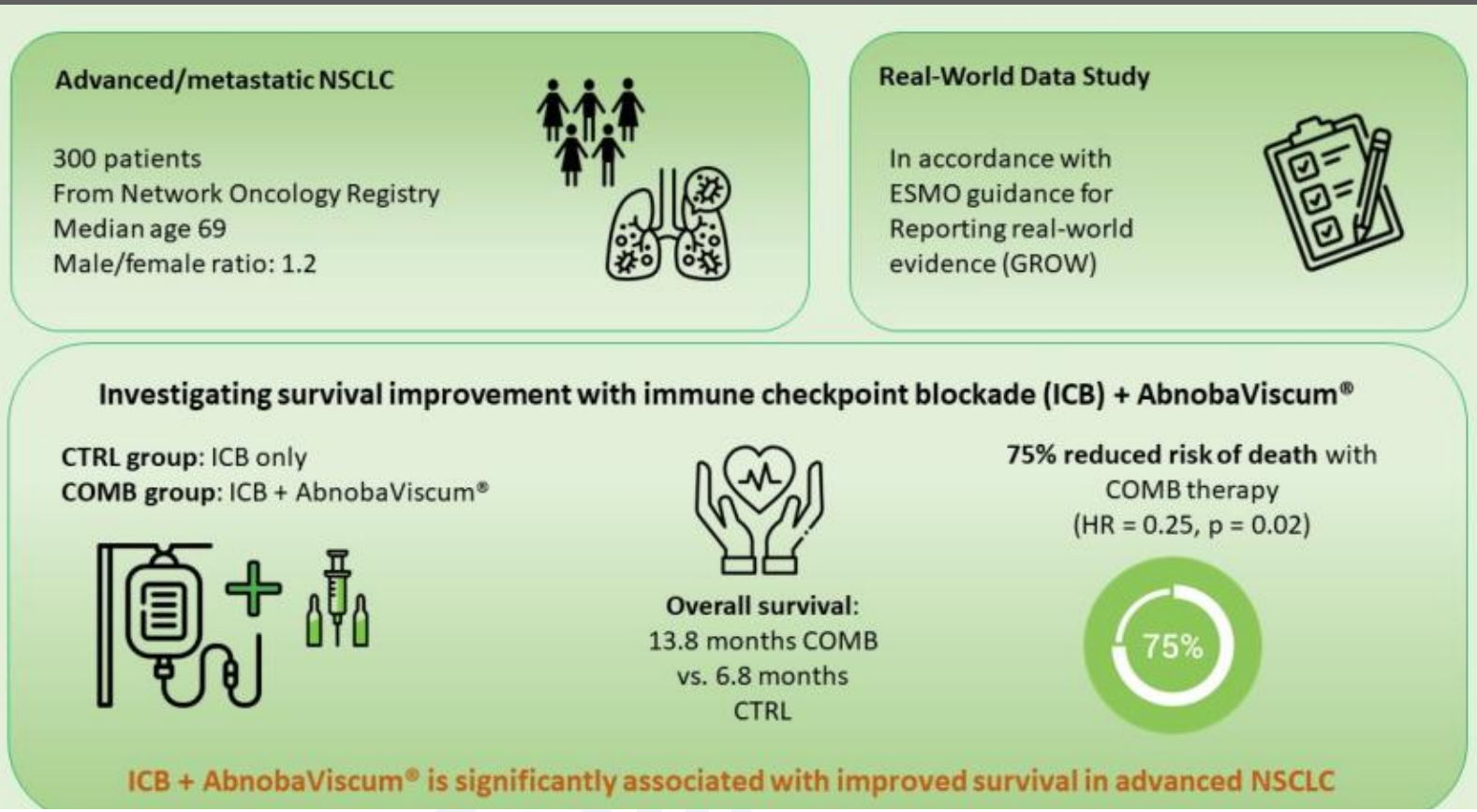


Fig. 1. Survival analysis of Control and Viscum groups. (A) The Viscum group demonstrated superior outcomes in both DFS (2-year DFS: Control group, 29.8% vs. Viscum group, 37.3%, p=0.047). (B) OS (2-year OS: Control group, 53.5% vs. Viscum group, 74.7%, p<0.001) compared to the Control group. DFS, disease-free survival; OS, overall survival.

EVEN SMALL DOSES MAY AFFECT SURVIVAL

Hong, S. S., Choi, M., Rho, S.Y., Kim, S. H., Hwang, H. K., & Kang, C. M. (2025). **Immediate Postoperative AbnobaVISCUM® F as an Adjuvant Treatment in Patients Receiving Standard Care after Pancreatic Cancer Resection.** *Yonsei Medical Journal*, *66*(11). https://doi.org/10.3349/ymj.2024.0493

ABNOBAVISCUM IN NON-SMALL-CELL LUNG CANCER



Schad, Thronicke *et. al.* (2024). **Immune Checkpoint Blockade Combined with AbnobaViscum® Therapy Is Linked to Improved Survival in Advanced or Metastatic Non-Small-Cell Lung Cancer Patients: A Registry Study in Accordance with the ESMO Guidance for Reporting Real-World Evidence.** Pharmaceuticals, 17(12). https://doi.org/10.3390/ph17121713

CONCLUSIONS

- abnobaVISCUM is harvested and manufactured using a unique approach
- This predictably maximises active ingredient concentrations
- Benefits include stronger immunomodulation & cytotoxicity
- abnobaVISCUM range covers various host trees & strengths
- Most common viscum prescribing scenarios are catered for

TIME FOR QUESTIONS - UNTIL 13:15