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Tagungsbeiträge

Abstracts der Poster der Jahreskonferenz der Medizinischen Sektion am Goetheanum, 15.–18.9.2022, Dornach (Teil 1)

1 | The introspective patient experience of mistletoe ther- apy in cancer: A qualitative study

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Background: The introspective experience of cancer patients using mistletoe therapy (MT) has received little scientific interest (1). In this study, the subjective experiences of individuals regarding the effects of mistletoe therapy were explored through patient interviews.

Methods: In this qualitative, explorative study, 20 outpatients with a history of various cancer types were recruited from Arlesheim Hospital (Arlesheim, Switzerland). All patients re-

ceived subcutaneous mistletoe therapy for at least two years (median 7.5 years). The individual experience of MT was analyzed with regard to six pre-defined dimensions of human experience: physical, vital, emotional, mental, spiritual and social, as well as two inductive categories. Data was collected through two semi-structured, in-depth interviews per patient. Qualitative content analysis was applied to examine the data.

Results: Data analysis revealed considerable heterogeneity among patients' experiences with MT, characterized by the individuality of each person, in terms of the six deductive dimensions of experience. Two further categories emerged out of the material: 'warmth' and 'other'. Interestingly, patients' experiences were most evident at the non-physical planes, highlighting the importance of specific aspects such as increased vitality to manage daily life, greater emotional stability, warmth as a multidimensional phenomenon, a feeling of safety and protection through MT, a heightened self-awareness and improved self-care, as well as sensations of spiritual connectedness.

Conclusions: Previously unknown planes of perception of cancer patients in the context of MT could be demonstrated for the first time by qualitative research. The result of the great variety and depth of experiences patients ascribe to MT raises the interesting question as to the extent to which guided introspection through semi-structured interviews during MT (or other therapies) could activate inner resources, support healing processes and be used therapeutically.

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2 | Limbic encephalitis and refractory mesial temporal lobe epilepsy: a single case study of neurosurgery and medical anthroposophic therapies

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Background: Anthroposophic Medicine shows how perceptual development contributes towards the individual's maturing. Neuroscience and neuroimaging techniques describe the perceptual phenomenon, mapping its processes in the human body regarding evolutionary neurological marks learning and memory. In this context, we present a case report of a child with limbic encephalitis secondary to group B streptococcus infection with refractory mesial temporal lobe epilepsy (1, 2), who was treated with neurosurgery intervention and an-

throposophic therapies (3, 4). The informed consent was obtained from the patient's parents.

Materials and methods: A six-year-old female who presented fever and cough, received antibiotic therapy (amoxicillin-sulbactam). A week later, she manifested drowsiness and loss of consciousness, having a febrile convulsion, culminating in a status epilepticus that led her to remain four months in an intensive care unit, with assisted ventilation and monitoring. After discharge, she had multiple daily seizures (around fifty per day), refractory to the association of the antiepileptic drugs (AED): levetiracetam 1500 mg/day, topiramate 300 mg/day, phenobarbital 300 mg/day, clobazam 80 mg/day, vigabatrin 750 mg/day. The seizures and the side-effects of the drugs did not allow her to have a normal life, needing a constantly nursing care. MRI showed unilateral mesial sclerosis with hyperintense lesions in T2 images, suggesting the presence of the limbic encephalitis. Two years later, she underwent right hippocampectomy (5), which did not reduce the seizures frequency or intensity, even in association with AED. The disease evolution was monitored with MRI, CSF analysis, FDG-PET/CT images, EEG and neurological evaluations. Due to the constantly seizures, she broke most of her teeth and had facial fractures. Five years later, in 2016, she started the anthroposophic therapies associated to AED, based on the following medicines (oral and injectable): *Helleborus niger* D6, *Cuprum aceticum* D4, *Zincum valeriana* D6, *Bryophyllum argentum cultum* D5, *Bryophyllum calycinum* D5, *Calcarea carbonica* D6, *Rhus toxicodendron* D4 + *Hypericum* D5 + *Bryonia* D5, *Chelidonium* D5 + *Carduus marianus* D5 and *Viscum P* (Iscador®).

Results: Previously to the anthroposophic approach, the exam of the CSF detected an increased number of lymphocytes, and proteins, which is seen in encephalitis. The antibodies tests were not available. The FDG-PET/CT image after the surgery revealed right temporal hypometabolism due to surgery resection and CT showed moderated frontal and parietal edema possibly related to post-surgical edema. Post-surgically, the MRI showed

reactional gliosis in the right temporal region, with mesial unilateral sclerosis. The EEG findings highlighted the high intensity spikes and electrical brain rhythm disorganization in the right cerebral hemisphere. Eight months after starting treatment with anthroposophic therapies, the pattern of seizures began to change appreciably. Two years after the beginning of the anthroposophic approach, the seizures frequency decreased expressively (mean = 5 seizures/day), being the patient free of seizures for until 60 days. The treatment made possible her return to school and reestablishment of her other life activities.

Conclusion: The anthroposophic therapy resulted in the control of epilepsy seizures and recovery of the patient's life quality. Nowadays, the patient maintains the treatment, starting to reduce the AED without increasing the seizure's frequency.

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3 | Successful treatment of long COVID-related fatigue syndrome with mistletoe extract (*Viscum album* L.) – A case report

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Background and question: Since the beginning of the coronavirus pandemic, the global health system is more and more facing with a new syndrome known as post-COVID or long COVID. Long COVID-related fatigue is a heterogeneous and common neurological symptom, which belongs to the “long-term health effects of SARS-CoV-2 infection” (1). This condition is similar as in the case of many other viral diseases (2). There is till now no causal therapy for postviral long COVID-related fatigue (3). Besides this condition also many cancer patients suffer from fatigue, related to the disease itself or to their oncological treatments. A recent systematic review and meta-analysis of 129 studies with more than seventy thousand cancer patients reported a prevalence of cancer-related fatigue (CRF) ranged from 11 to 99%, while the percentage of fatigue in the global population is estimated about 4% (4). Another meta-analysis demonstrated that the treatment with mistletoe extracts shows a moderate effect on CRF (5). Therefore, the aim of this study was firstly to describe the impact of mistletoe therapy on long COVID-related fatigue syndrome.

Material and methods:

Case history: A 44-year old female with no previous history of clinically relevant conditions was diagnosed with COVID-19 by PCR test (November 2021). The patient complained about flu-like symptoms, such as feeling unwell, colds, coughs, sore throat, body aches, swollen lymph nodes in the neck and swollen tonsils, as well as fever (up to 39 °C). In the further course of disease, the patient developed also symptoms of bronchitis.

Initial intervention: During the isolation period, the primary care doctor prescribed ibuprofen 3x400 mg/day as the only treatment for relieving the symptoms. The infection has subsided after 12 days and most of the symptoms have improved. However, a distinctive tiredness, described by the patient as a “lead”, persisted.

Further course of complaints: The unusual exhaustion never experienced before by the patient did not improve during the following weeks. In addition, cervical lymph nodes swelling de-

creased only gradually. She also reported about muscle pain, as well as about weak concentration and short-term memory problems. The patient described these neurocognitive limitations as “brain fog”. The further examinations initiated by primary care doctor, including basic laboratory diagnostics, did not provide any specific pathologic findings. There were no therapeutic recommendations to the final diagnosis “Long COVID-related fatigue syndrome”.

Mitochondrial diagnostics: Because of persisting symptoms and decreased work ability, the patient presented to the clinic for complementary medicine in Baar (Paramed AG). After the measurement of bioenergetic health index (BHI) (6) a mitochondrial disorder was verified (BHI 1.54; ATP production 84% – normal value 81%; max. oxygen consumption 340 – normal value 450). In addition, serum levels of vitamins B, 25-hydroxy-vitamin-D3, omega-3 index, coenzyme Q10 and L-carnitine were determined.

Therapy: According to the diagnostically secured disease syndromes, three therapy paths were conducted:

- High-dose supplementation of selected micronutrients in terms of orthomolecular medicine.
- Dietary change to the low-carb nutrition. The measurement can affect the mitochondrial disorders via ketogenic energy generation (7).
- After three weeks additional treatment with a subcutaneously self-injected mistletoe extract (Helixor® A, series pack I, 2 x weekly, 1 ampoule each) followed.

Results: Already after three injections of mistletoe extract the patient reported about a perceptibly better feeling of warmth and described it like a “stream of energy”. During the following 6 weeks, a clear improvement of symptoms of fatigue syndrome was registered. After a total of 10 weeks, the patient was symptom-free.

Conclusion: Fatigue as a long-term health deteriorating effect of SARS-CoV-2 infection is a modern medical challenge, which first of all can be treated with an individual therapy concept. For the choice of effective therapy (among others, mistletoe therapy and treatment of mitochondrial disorders),

an extensive medical experience in connection with fatigue of different genesis can be very helpful.

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4 | The role of cognition in the resolution of trauma – study design

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Background and question: This study is part of a research project that seeks to build a theoretical model for psychological trauma based on the hypothesis that symptoms categorized as “intrusions” and “arousal/reactivity” (1) result from blocked self-regulatory processes aimed at trauma resolution (2, 3). We propose that these processes can have a cognitive as well as a somatic component. In this study we seek to explore the cognitive component. Solomon and Shapiro (4) pro-

pose that these cognitive processes are neuro-biological in nature and involve the assimilation of traumatic memories into more adaptive neural networks. We have proposed an alternative model, involving the re-evaluation of the conceptual content of the traumatic memory (5). We build on Steiner’s observation that cognition is the synthesis of perceptual and conceptual content (6, 7, 8) to show that during trauma processing the conceptual content is re-evaluated by allowing an intuition of higher conceptual content to inform cognition. Research question: Does trauma processing show evidence of a conceptual re-evaluation of the traumatic memory?

Material and methods: This is a qualitative, observational study. Clients with PTSD (n≈12) receiving various forms of trauma-treatment (CBT, EMDR, ET and others) at Queeste – an anthroposophic mental health centre in Alkmaar (Netherlands) – keep a treatment diary during the part of their treatment in which the main trauma processing takes place. The PTSD Checklist for DSM-5 (9) is used to verify PTSD diagnosis and to measure pre- and posttreatment symptoms (extended and standard version respectively). When the main trauma processing is finished, the client is interviewed to clarify the recorded observations (using a semi-structured interview). Treatment diary entries and interview transcriptions are analyzed using thematic analysis (10, 11).

Results and conclusion: Pending. This study is still in progress.

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5 | Spending time in the forest and spending time in the field: a qualitative study in highly sensitive persons

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Background: The effects of spending time in forests have been subject to investigations in various countries around the world. Quantitative research suggests that stays in a forest promote relaxation and reduce stress compared to spending time in a city (1). Qualitative comparisons rarely have been done so far. The aim of this study was to compare interviews after

stays in the forest and another natural environment (field) with qualitative methods. We expected highly sensitive persons to react sensitively towards the different environments and to be able to describe their perceptions particularly precisely.

Methods: 16 healthy highly sensitive persons (SV12 score ≥ 18) aged between 18 and 70 years were randomly selected from a group of 43 subjects spending one hour in the forest and in the field, respectively, at intervals of one week within a randomized cross over study. We conducted semi-structured interviews after each intervention and analyzed them with a mixed-methods approach of content analysis and grounded theory.

Results: Both natural environments induced feelings of inner calmness, purification ("I have the feeling that this green, fresh has rubbed off on me"), joy ("Such a joy, such a revival. It's kind of like an envelope, simply around me. It's such a joyful excitement ..."), freedom, connectedness, strengthening, and a better body awareness.

The forest environment additionally offered emotional shelter, and showed advantages in promoting inner strength and self-centeredness. („I go into an organism that is one big living being that breathes, that welcomes me, [...] that makes me feel at home, that is authentic, alive, without any demands that I have to fulfill. I can completely be as I am. It is also a place of refuge, when I have to run off something like, let's say, grief or stress, [...] the forest is very comforting for me.") Some subjects felt "more awake", "refreshed", "clearer" after spending time in the forest. The forest with its "invigorating atmosphere" seemed to "inspire more creativity" and "vigor" compared to the field.

The forest "radiates calmness and down-to-earthness". The typical subdued lighting conditions, the play of light, shadow and sun have a "peaceful" effect. Civilization sounds recede in favor of forest and water sounds, the green, the soft forest floor and the "special forest atmosphere". The "primal nature of the forest", as well as the feeling of "being at home", "safe"

and "emotionally sheltered", convey feelings of "rootedness", "grounding", "inner center and balance". However, "it does not become too narrow", because one has freedom and space at the same time.

People with bad previous experiences in the forest may feel safer in fields because of the wider view and better overview. Water enhances the effect of inner calmness and relaxation in both environments. Vantage points are regarded as helpful in gaining distance to problems and making it easier to bring order in thoughts and feelings.

According to the interviews, important preconditions are enough time and the absence of a judging authority. Guided stays with a given time frame and a focus on mindfulness were estimated as helpful.

Conclusion: Emotional experiences in the forest and in the field are in part similar but in part also substantially different. When different environments differentially influence our emotions this might be helpful to improve not only emotional well-being in general but certain specific mood disturbances. Forest seems especially enhancing the feelings of emotional shelter, inner strength and self-centeredness, while field may enhance the clear view and overview also figuratively.

6 | Spending time in the forest and spending time in the field: investigations on stress perception and psychological well-being in highly sensitive persons

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Background: Staying in a forest in Middle Europe may affect our soul and vital organization through various qualities like deep rooting strong trees, the play of light and shadow and certain scents. Research suggests that stays in a forest promote relaxation and reduce stress compared to spending time in a city (1). The aim of this study was to compare stays in the forest with another natural environment (field). Highly sensitive persons have a subtle perception that allows them to perceive stimuli like hunger, other people's mood and the media more intensively than other people (2). This may lead to more intense feelings and more emotional excitability. We expected that highly sensitive persons would also react sensitive towards the different environments.

Methods: Healthy subjects aged between 18 and 70 years of age with highly sensitive personalities (SV12 score > 18) spent one hour in the forest or in the field, respectively, at intervals of one week.

Primary outcome was the Change in Subjective Self-Perception (CSP-14) questionnaire after the respective intervention. Secondary outcomes were the Profile of Mood States (POMS) questionnaire (before and after) and salivary cortisol after the respective intervention.

Results: 43 participants were randomized, 39 were allocated, took part in at least one intervention and were included in the intention-to-treat analysis (90% female, mean age 45 years). CSP-14 total score ($p=0.054$, Cohen's $d=0.319$) and subscales

- “balance” (calm and serenity),
- “vitality” (strength, contentment and energetic state of mind) and
- “integration” (feeling of security, relaxation and self-connectedness)

favored the effect of the forest (significant only for integration, $p=0.028$, Cohen's $d=0.365$). These effects were more pronounced in August. In October, during rainfall, no relevant differences could be detected between the groups.

POMS and subscales were improved after both interventions without relevant differences between forest and field. Cortisol in saliva was not different between the groups.

Conclusion: In highly sensitive persons (HSP), a short term stay in the forest in summer improves mood and well-being better than in the field. Both stays, in the forest and in the field, result in improved emotional well-being measured with the POMS.

CSP-14 total scores and especially feelings of security, relaxation, self-connectedness and vitality are rated better after staying in the forest compared to staying in a field. The intensity of these effects is probably modified by the season and the weather.

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7 | How to use first person perspective to transform suffering from autoimmune diseases: a single case study

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Background: Type-1-diabetes (T1D) is an auto-immune disease (AIDs) whose occurrence is explained in a multifactorial manner. The disease-causing factors are not identified in individual cases. Although research indicates that stress may be a relevant risk factor, patients are neither individually diagnosed nor treated. AIDs have many biological similarities with post-traumatic stress disorders. Due to these similarities, AIDs and post-traumatic stress disorders (PTSD) have been subsumed in the literature under the common label of “stress-related diseases”.

Question: Can one, by observing one's own behaviors using introspection, identify stress patterns that provide clues to disease-causing factors? Can this psychological pattern be overcome?

Method: A daily practice of reflecting on introspective perceptions of emotional states and blood glucose levels for insulin dosage adjustment is applied as an oscillatory approach be-

tween mindful perceiving and reflective distancing. Daily blood sugar protocols as well as diary entries have been examined in relation to repetition and contradictions as bodily phenomena. Repetition of regulation and dysregulation evoked shape-like patterns. Adapted to procedures for physical illnesses, a change management strategy, Scharmer's theory U, is used to overcome emotional dysregulation patterns as a process-oriented tool, inviting people to an inner journey back to the ground of individual existence. During this journey of self-reflection, different stages could be identified: 1. To pause and recognize biographic pattern, 2. To dive into the emotional field, 3. Biographical validation and change of perspective, 4. Why is?, 5. Acknowledgement and Forgive, 6. Identify resources and needs, 7. Embodiment of a new attitude. The journey invites to reflect the seven living processes (breathing, warming, encounter, centering, conservation, growth, reproduction).

Discussion: Current emotional stress regulating patterns have been used to identify relationship patterns in childhood. Diabetes mellitus type 1 might be hypothesized as a chronification of a post-traumatic stress reaction. Based on current evidence concerning stress as one possible causing factor of autoimmune diseases, the identification of individual mental stress situation in early childhood might be relevant.

Conclusion: People with stress-induced autoimmune diseases might – as it was the case of this protagonist – find great comfort in being acknowledged and supported in the process of identification of their subjectively significant stressors and engaging in their transformation to more autogenesis. In this case this also led to the hypothesis that this stress patterns may have contributed to the development of an autoimmune disease such as T1D.