



Viscum Album Extract Injection Guide

(Modeled by Dr. Nasha Winters, ND, L.Ac, FABNO in collaboration with Dr. Davis Lamson, MS, ND)

Sections:

The medical consent form

1. Viscum Album Extract as medicine
2. Schedule of subcutaneous self-injection
3. Dose escalation
4. Injection results and phone communication with the Dr. Christy or medical staff
5. Subcutaneous injection technique
6. More general information
7. Discussion of side effects (mostly with intravenous method)
8. Contra-indications – Consult the physician if:
9. Injection Log

1. Viscum Album Extract as medicine

Mistletoe has been used as medicine for centuries. In latter days it has been available as concentrated extracts and administered mostly by shallow skin injection and even by intravenous method.

Most of the medical uses come under the headings of improving immune performance or reducing side effects of chemotherapy for cancer. Most research on the application of Viscum Album Extract has been performed in Europe and hence its use is much more common there than in the United States. It is considered “the most well studied integrative cancer therapy in the world with 75-85% of all European cancer patients utilizing this medicine.”

Hundreds of research reports are listed in the National Library of Medicine. The National Cancer Institute has Internet information pages on Viscum Album Extract that you may view or download at <https://www.cancer.gov/about-cancer/treatment/cam/patient/mistletoe-pdq#section/all>

2. Schedule of subcutaneous self-injection

There will be personal instruction in detail. The schedule is three times weekly. This is usually Monday, Wednesday, and Friday, unless the site remains inflamed from the last injection. (See discussion and description below.) The preferred site is around the “belly button”, approximately an inch or two out, rotating injections at least 2 inches to not use the same area again soon. Optional sites are the upper or mid-thigh and back of arm. Injections must be at a 45 degree angle, careful to stay in the subcutaneous level where the substance is interacting with the immune system.

3. Dose escalation



The kit of glass vials is prepared to give a gradually increasing amount of mistletoe extract across a series of injections with successive kits. The object of the escalation is to prompt an immune reaction, but not have an over-response. The schedule of three injections weekly may be modified depending on the observed response from little to slight over-response.

4. Injection results and phone communication with Dr. Christy or medical staff

Good communication with your medical team allows one to be in charge of home administration with the Dr. Christy or medical staff “looking over your shoulder.” The appearance of the injection site should be carefully noted over each three days. Initially the results of each injection should be reported until the procedure becomes routine.

The basic intention is to stay at the dose where a positive reaction occurs and to increase the dose once no more reaction.

A written log should be kept both as a record of injections and to aid in description to the Dr. Christy or medical staff. Example pages are attached as a guide for the first injections. Continue to keep the log as a record of injection day and appearance.

Expect some redness and swelling around the injection site as the dose is increased. Report if larger than quarter-sized. This indicates the prompting of the immune system and should be allowed to resolve before the next injection. Thus the reporting by phone about appearance, size, and duration of reaction is essential until the beginner is used to the situation. Over-reporting is much better than under-reporting.

5. Subcutaneous injection technique

- a. There is a website video showing injection technique that strays from what is presented in this handout. This handout and your medical team advise the proper technique. View the video for the correct overview, which is everything except the picture of pinching the skin to inject. You want the skin to be taunt to access the subcutaneous layer.
<http://www.easy-start.info/english/welcome/>
- b. Assemble the syringe (usually 3 cc as the vials contain up to 2 cc) with half-inch needle (fine 30 gauge). Using sterile technique covered in training, open the glass ampoule (as in the on-line video) and fill the syringe (2 cc). Expel the extra air as pictured. It is not necessary to expel the absolute last bit. (Initial instruction will include practice with a dummy syringe and vial with your medical team.)
- c. Clean the injection site with alcohol and let air dry.



- d. For the injection area around the “belly button”, instead of pinching skin to administer, use the thumb and index finger of the hand not holding the syringe to gently spread the flesh to make it firm.
- e. Rest the barrel of the syringe on one of those fingers without touching skin with the needle. With the syringe at a 45-degree angle (perpendicular is 90 degrees), gently insert no more than one-quarter inch of a one-half inch needle. (Note it is important not to go too deep. The area just under the skin gives the best immune response.)
- f. Gently inject up to 2 cc. A small bubble under the skin may be noticed. Withdraw the needle and recap for disposal and you're done.
- g. Observation of injection site over next three days is discussed below.

6. More general information

- a. The object is to stay with a dose that gives a positive skin reaction and to increase the dose once there is no more reaction.
- b. The first injection kit has a 1 mg dose for three times, 5 mg for three times, and 10 mg once. It will be obvious toward the end of this cycle what sized kit to order for the next cycle.
- c. Typical subcutaneous dosing is 3 times per week in abdomen, upper thighs, or upper arms (abdomen preferred). Avoid any area of previous radiation, recent surgical sites or use near infected areas.
- d. **Main immediate effect:** reddening and swelling of injection site no larger than a quarter and possibly a slight increase in fever by 1-2 degrees (not to exceed 100.4 degrees Fahrenheit) can also be common. (These are not adverse reactions, but responses from activation of the immune system.)
- e. Skin reaction usually begins to vanish about 10 hours after injection. However, there are a few cases where it has lasted longer than that or where the reaction is delayed and doesn't start until many hours or even a day later.
- f. Wait until the reaction has subsided before the next injection. This is usually within three days.
- g. Lymph nodes near the site may swell slightly but then come back down.

- h. Any reaction bigger than a quarter or fever over 100.4 degrees F requires stopping injection temporarily and lowering the dose. Please report such events to your medical team.
- i. Any uncomfortable slight fever can be reduced with homeopathic Aconite 30c 3 pellets under the tongue. Otherwise let the fever resolve. On its' own, this is a desired effect.
- j. Any uncomfortable itch can be relieved with topical homeopathic remedies like Ssssting Stop or oral Apis homeopathic 30 c 3 pellets under the tongue. In worse case scenarios – baby (pediatric dosing) Benadryl topical or oral (preferably without any dyes/additives).
- k. If reaction is dime-sized or less, the next dose can be higher, or stay the course until no more reaction occurs.
- l. If reaction is greater than quarter-sized or more across, the next dose should be lower. Or at the very least, if well tolerated, do not go above that dose until all reactions subside.

7. Discussion of side effects (mostly with intravenous method)

These would be from over-response of immune system

- a. **Fever and flu-like symptoms, developing nausea, aches and pains, chills & sweats or hives – Report to your medical team**
- b. Relief usually provided with Benadryl, 5-10mg oral Benadryl if symptoms are severe

8. Contra-indications – Consult the physician if you have:

- a. Uncontrolled hyperthyroidism
- b. Fever already present
- c. If infection present
- d. Known condition of biliary stenosis, pregnancy, or breast feeding
- e. Strong history of allergic dermatitis prior to starting injections as slower dose escalation may be warranted

9. Injection log

Injection log

Injection 1 Date _____ Dose given _____ Appearance and size reaction

_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 2 Date _____ Dose given _____ Appearance and size reaction

_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 3 Date _____ Dose given _____ Appearance and size reaction

_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 4 Date _____ Dose given _____ Appearance and size reaction

_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 5 Date _____ Dose given _____ Appearance and size reaction

_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 6 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 7 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 8 Date _____ Dose given _____

Appearance and size reaction _____ Oral temperature attained

Reported to Dr. Christy or medical staff? _____

Injection 9 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 10 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 11 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

1100 Madison Avenue North, Bainbridge Island WA, 98110 206.780.0402

Injection 12 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 13 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____

Injection 14 Date _____ Dose given _____ Appearance and size reaction
_____ Oral temperature attained _____

Reported to Dr. Christy or medical staff? _____