



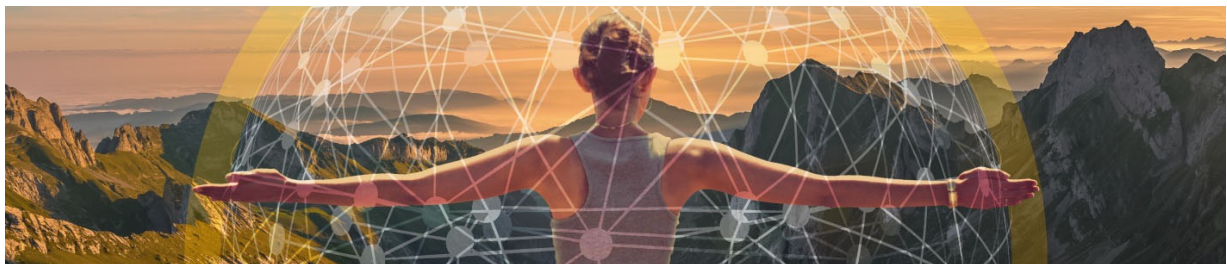
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Seminars & Webinars

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Active Fever Therapy

to support healing from chronic diseases and cancer

Dr. R. Oettmeier and Team, Alpstein Clinic Gais/Switzerland

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Some impressions...

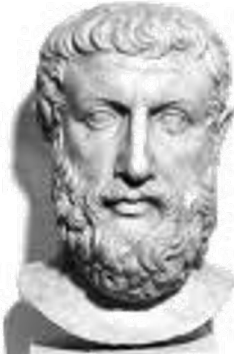


willkommen
welcome
sönd wölkomm
bienvenue
benvenuto

Appenzeller Land and Alpstein Clinic

Alpstein Clinic AG, Dorfplatz 5, 9056 Gais – Switzerland - www.alpstein-clinic.ch

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Wisdom

***“Provide me with a
remedy to induce fever,
and I heal every known
disease.”***

(Parmenides, ca. 500 y BC.)

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Why fever therapy for cancer and chronic infections / inflammation?

Ideal immune stimulation (rapid improvement of the lymphocyte profile, LTT, vital blood microscopy, improvement of the borreliosis titer including co-infections)

Cancer inhibition & active cancer follow-up (spontaneous healing mgl.,

Many positive courses in practice and literature, starting with W.B. Coley, Hobom 2009)

Ideal physical and mental reconciliation method (thus anti-destructive and for life ...)

1926: **Nobel Prize** for Prof. J.W. by Jauregg (fever therapy in neurosyphilis)

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THE NOBEL PRIZE

Nobel Prizes & laureates About Stories Educational Events & museums

Nobel Prize in Physiology or Medicine 1927

Summary

Laureates

Julius Wagner-Jauregg

Facts

Biographical

Nobel Prize lecture

Banquet speech

Nominations

Documentary

Presentation Speech

Julius Wagner-Jauregg

Facts

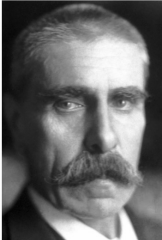


Photo: Albert Hilscher. Nobel Foundation archive

Julius Wagner-Jauregg
Nobel Prize in Physiology or Medicine 1927

Born: 7 March 1857, Wels, Austria

Died: 27 September 1940, Vienna, Austria

Affiliation at the time of the award: Vienna University, Vienna, Austria

Prize motivation: “for his discovery of the therapeutic value of malaria inoculation in the treatment of dementia paralytica”

Source: <https://www.nobelprize.org/prizes/medicine/1927/ceremony-speech/>

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NO big Difference ...



Treponema pallidum -
SYPHILIS
pathogen



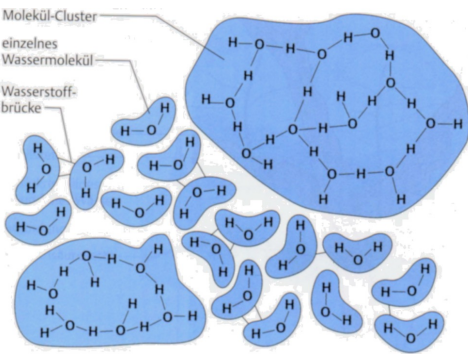
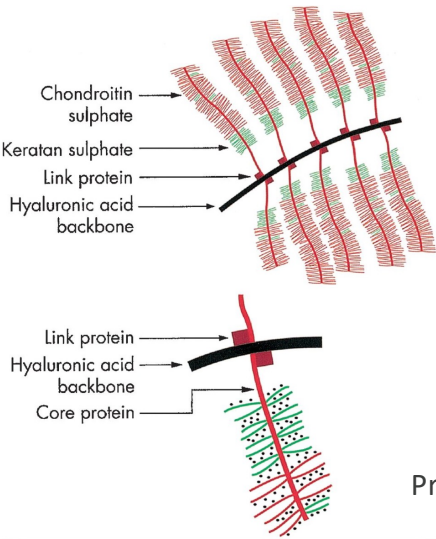
Borrelia Burgdorferi -
BORRELIOSIS
pathogen

... both pathogens belong to the group of spirochetes

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Matrix and Water

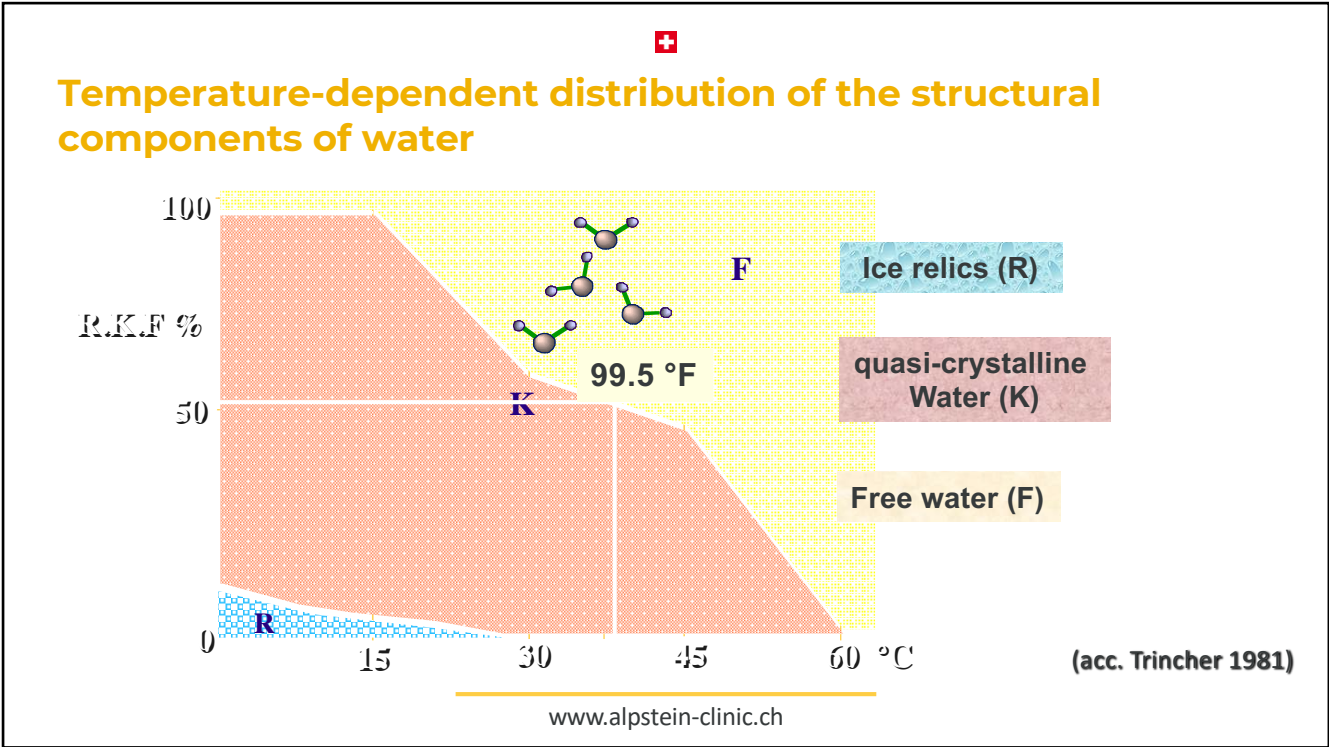


Water and Clusterformation

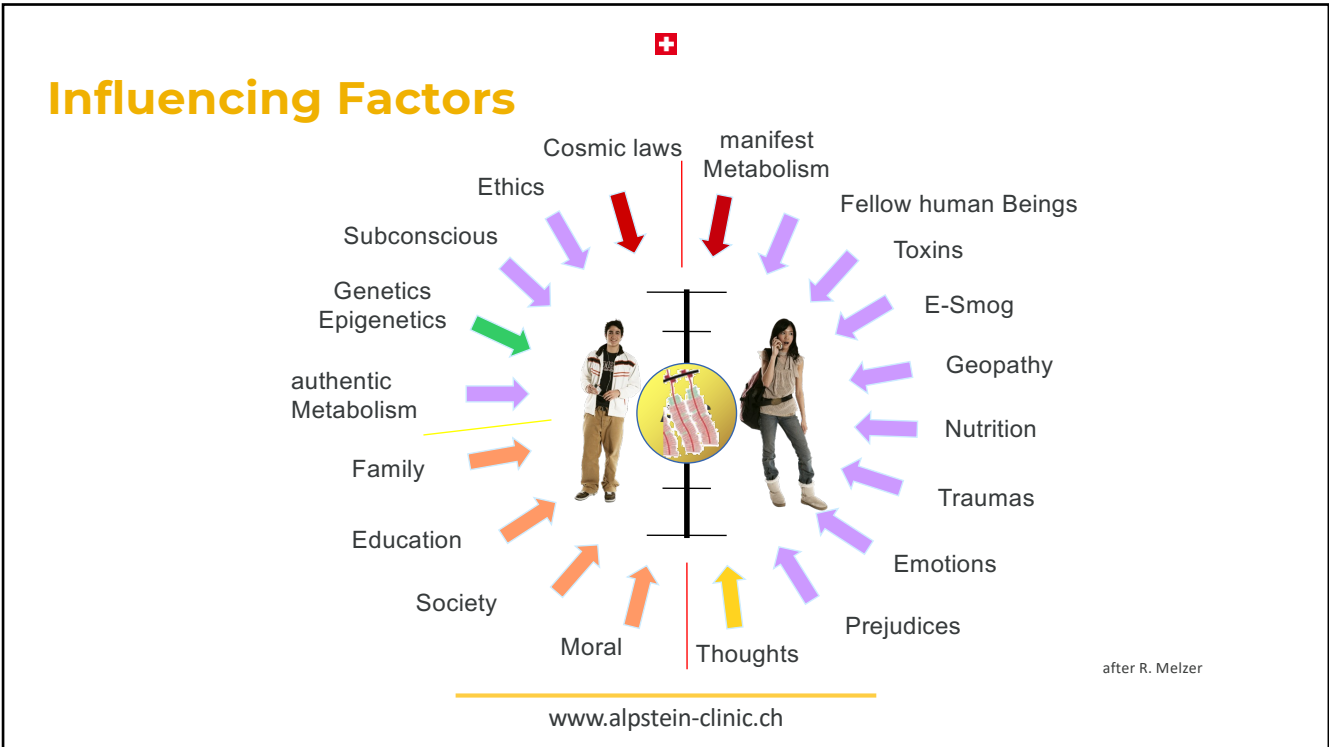
Proteoglycans

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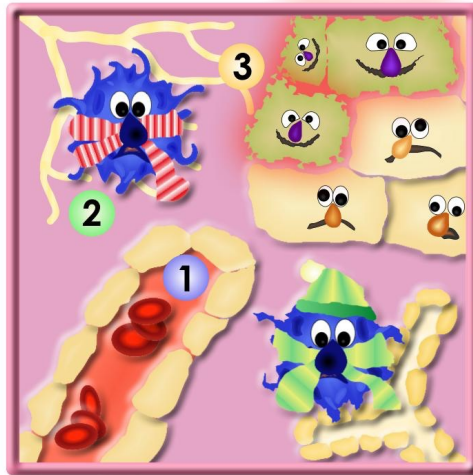


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Before Fever Therapy



From: Say YES to LIFE :
Reuter, Oettmeier &
Vizkelety, 2019

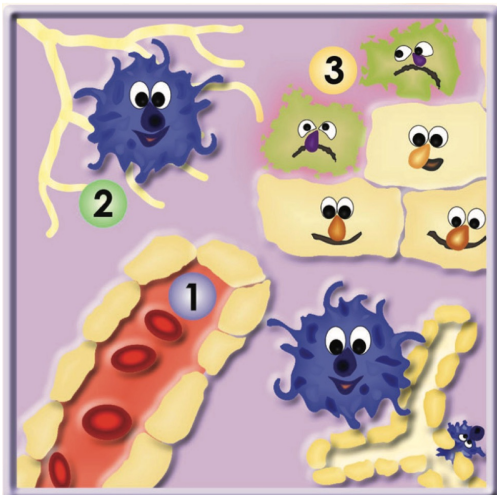
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Tissue situation in chronic diseases and cancer:

- Reduced blood flow (1),
- freezing immune cells (2),
- cancer cells with acid mantle (3)

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After Fever Therapy



From: Say YES to LIFE :
 Reuter, Oettmeier &
 Vizkelety, 2019

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Tissue situation in chronic diseases and cancer:

- Increased blood flow (1),
- Activated immune cells (2),
- Cancer cells and pathogens exposed and vulnerable (3)

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History active Fever Therapy

- Dr. W. Coley (New York surgeon) treated hundreds of cancer patients with Mixed Coley Vaccine (MCV) from cultures of Streptococci and Serratia bacteria between 1895 and 1936,
- These and similar bacterial lysates have been clinically used since the late 19th century for the treatment of cancers (e.g., Buxton's Vaccine, Tracy's Vaccine, Klyuyeva et al)

Coley-Toxin:

Bakterienlysate from William B. Coley



H. Coley-Nauts:
„THE BENEFICIAL EFFECTS OF BACTERIAL INFECTIONS ON HOST RESISTANCE TO CANCER – END RESULTS IN 449 CASES”,
Monography, 8ed Edition, CANCER RESEARCH INSTITUTE, NEW YORK,
(1980, 225 pages, 961 references).
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Effects of fever development

- Lipopolysaccharides (LPS) as actual active ingredients Activation of NK and dendritic cells as well as macrophages (Baldwin et al., 1980)
- Increase IF-gamma, IL-4 and IL-13, thus activating TH1 system (Goldberg et al., 2008)
- Increase in CD4 + T-cytotoxic lymphocytes and TH1 lymphocyte response (Lin et al., 2008)
- Fever therapy has been shown to reduce tumors, prevent recurrence and metastasis, reduce tumor pain, improve blood counts, increase appetite and weight, speed wound healing, and regenerate bone tissue. (Nauts et al 1984, Hobom 2001 and 2005)

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Results basic Research

- Bacterial lysates are also called **P**athogen-**A**ssociated **M**olecular **P**attern Substances (= **PAMP**)
- Fever generates more tumor cell fragments, which releases higher amount of tumor-specific antigen and stimulates dendritic cells (Basu et al 2003)
- Tumor-specific T cells that are tumor-protective, mature into cytotoxic T cell clones and dendritic cells after PAMP stimulation (Murphey et al 2017)
- Repeated fever induction reduces myeloid-derived suppressor cells (MDSC) in the mouse cancer model with a reduction in the tumor escape phenomenon (Hobom 2001)

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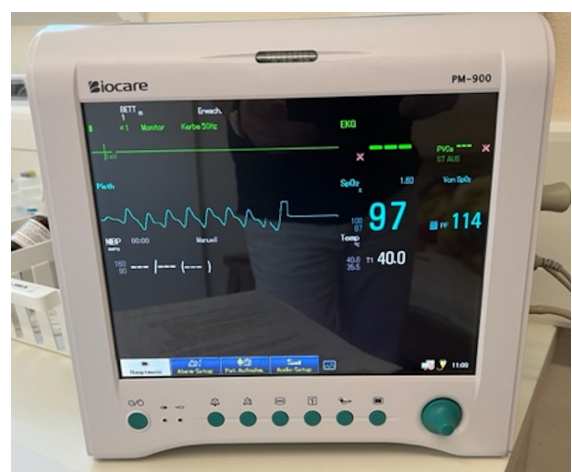
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Our actual Fever Therapy Protocol

Preparation patient:

- Laboratory: hematology, CRP
- ECG (in rest and under activity)
- drink plenty of water the night before
- abstinence from food, only drinking, on the morning of the fever therapy
- therapy should begin between 8 am and 9 am and fever may last until 4 pm
- Monitoring



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Our actual Fever Therapy Protocol

Procedure I:

- i.v. access
- *Thymus* 1 ampoule (*Ney Thymun* No 27) s.c.
- *Stovac*® i.m. – the 1st time ½ amp, the 2nd time ½ amp, the 3rd time 1 amp.
- *Echinacea* 1 ampoule (*Echinacea comp. Heel*) i.v.
- Infusion (if possible with Infusomat because of continuous flow):
 - 250 NaCl 0.9% + 0.2 ml *Strovac*® over 90 minutes for the first infusion,
 - in sensitive and underweight patients: 0.1 ml *Strovac*®

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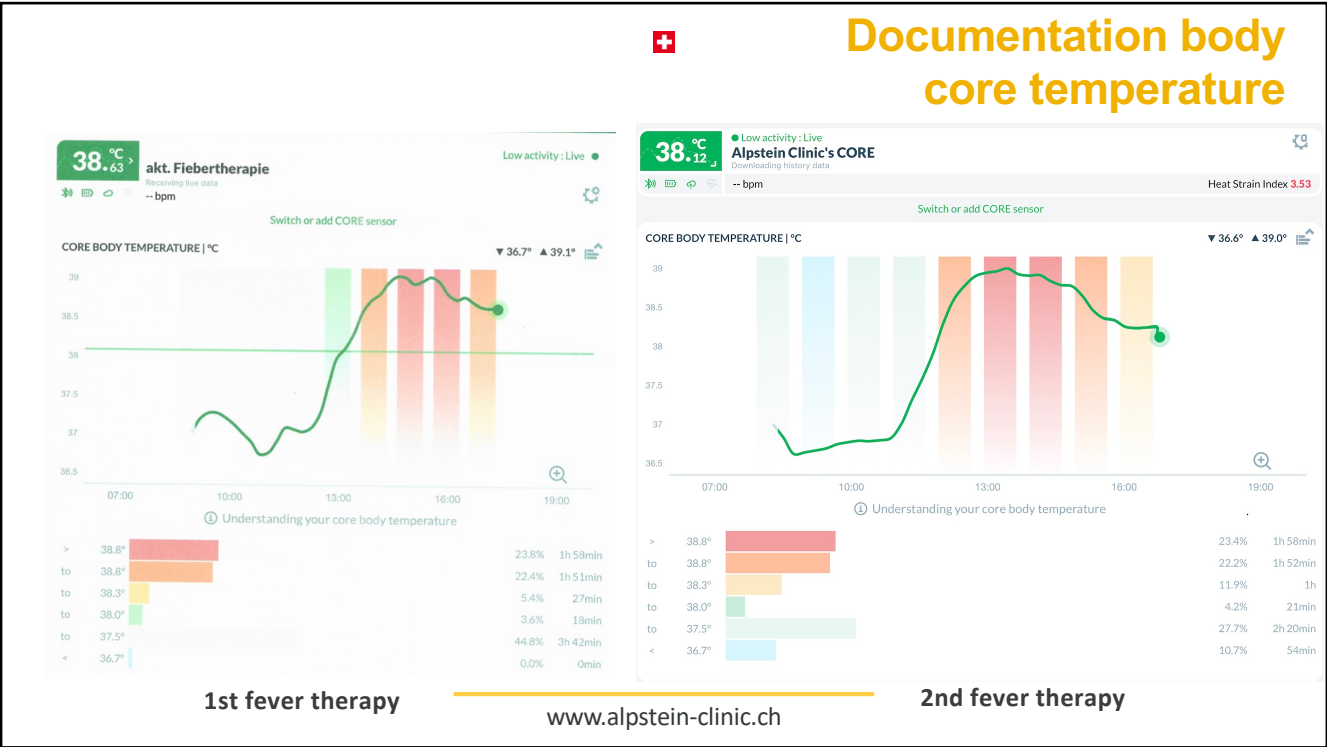
Our actual Fever Therapy Protocol

Procedure II:

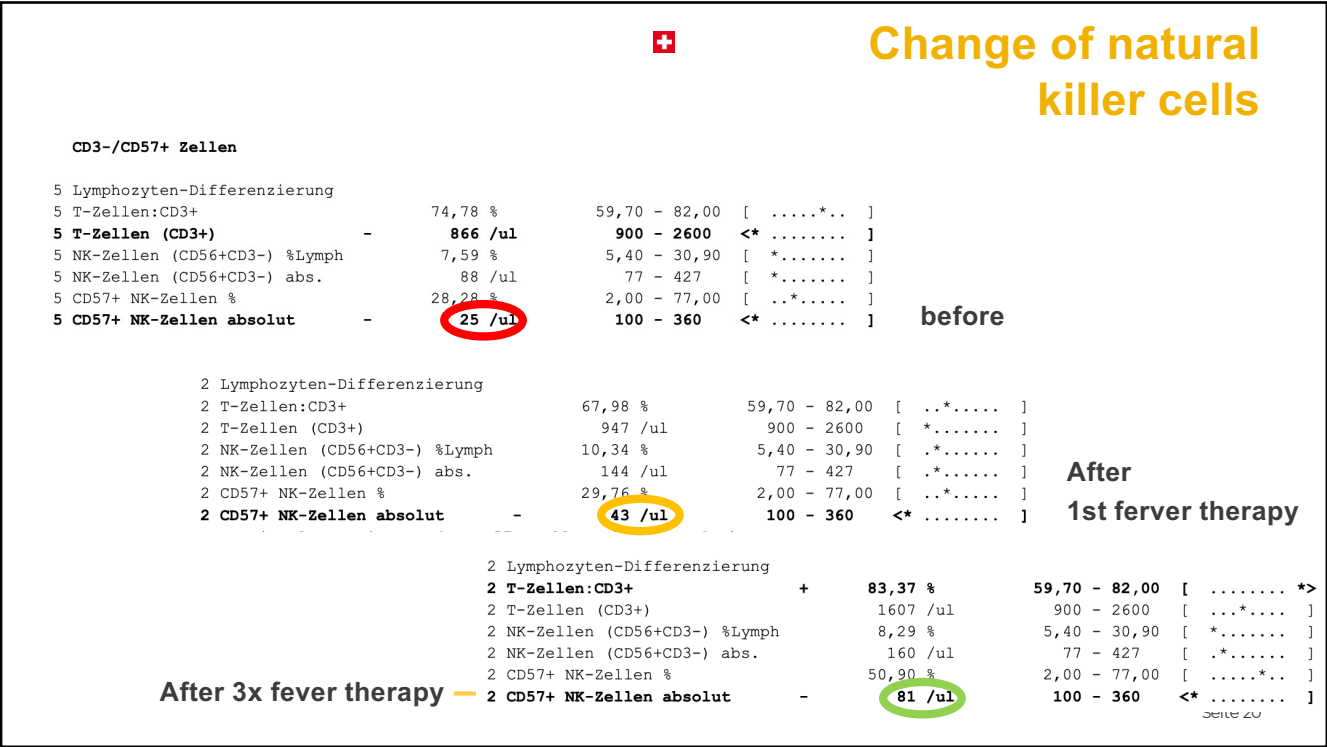
- Fever comes after 60 to 120 min (starts with chills), sometimes even after 3 hours
- Start another infusion (high-dosed Vitamin C, Artesunate, Curcuma etc) when fever plateau has minimum continued 1 hour
- During therapy, give something to drink again after at least 3 hours (and if there is no nausea), or after the fever has started to drop
- If patients feel well, they can generally go to the hotel after 6-8 hours, treatment should always be combined with an overnight stay or be driven home

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Main Indications Active Fever Therapy

- All stages of cancer with still stable general condition
- All types of chronic infections (viruses, bacteria, fungi, parasites)
- General strengthening of the immune system, no history of fever for many years

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Wisdom



(Hufeland, 1762 - 1836)

Fever is an expression of a natural force that initiates the healing process. "

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Casuistics 1

67 y. old woman, *breast cancer*, ER 95 %, PR 10%, Herp 2 neg, KI 67 7%, G2, *multiple bone metastasis*

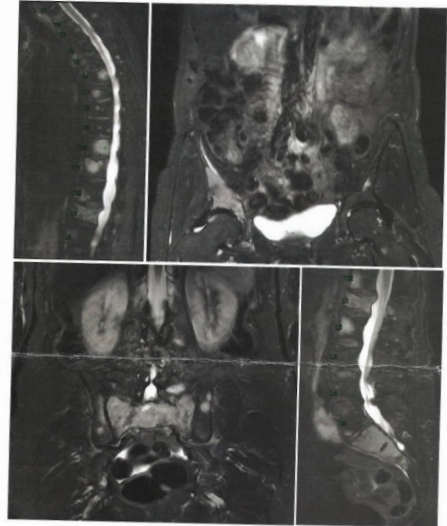
Intens back pain, needs two forearm supports to go short distances

MRI June 2023:

metastatic infiltration of the entire spine, the pelvis, the collarbones

Conclusion

Infiltration métastatique étendue de tout le rachis dorso-lombaire, le bassin, plusieurs côtes, les deux omoplates, la clavicule droite et les deux fémurs. Absence de coxarthrose, l'infiltration étendue de l'iliaque droite explique vraisemblablement les symptômes de la hanche droite.



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Casuistics 1

67 y. old woman, *breast cancer*, ER 95 %, PR 10%, Herp 2 neg, KI 67 7%, G2, *multiple bone metastasis*

- 1st active fever on 9th of August 2023:
 - 0.1 ml Strovac® i.v.
 - Maximum temperature: 40.0°C (104° F)
 - Low side effects
- 2nd active fever on 13th of September 2023:
 - 0.1 ml Strovac® i.v.
 - Maximum temperature: 40.1°C (104.2° F)
- Phone call 5th of October 2023:
 - feels more empowered, much lower pain, can go without any support, last distance over 1 km, Continues with weekly infusions of Procaine-base and high-dosed Vitamin C
- Phone call with her family doctor August 2024:
 - She is still stable, very active, loves her garden, continues the infusions every other week

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Casuistics 2

38 y. old man, *Lyme disease* since over 12 y., co-infections, chronic pain, chronic fatigue, immune deficiency, chronic uveitis, brain fog, recurring infections

- Has made everything which is possible again in the U.S.
- Low amount of natural killer cells:

CD3-/CD57+ Cells

7 CD3-/CD56+ Flow Cytometry				
7 T cells CD3+ (%)	69,55 %	62,00 - 80,00	[...*....]	
7 T cells CD3+ (absolute)	- 668 /ul	900 - 1900	<*	]
7 NK cells CD56+ CD3- (%)	9,50 %	6,00 - 29,00	[*.]	
7 NK cells CD56+ CD3- (absolute)	81 /ul	60 - 700	[*.....]	
7 CD57+ NK-cells (%)	8,21 %	2,00 - 77,00	[..*....]	
7 CD57+ NK-cells (absolute)	- 26 /ul	100 - 360	<*	]

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Casuistics 2

38 y. old man, *Lyme disease* since over 12 y., co-infections, chronic pain, chronic fatigue, immune deficiency, chronic uveitis, brain fog, recurring infections

- Chronic reduction of all classes from immunoglobulins

IgG, Subclasses(1-4)

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Immunoglobulin G, Qn, Serum ¹²	486 Low	522 03/11/2022	mg/dL	603-1613

Immunoglobulins A/E/G/M, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Immunoglobulin A, Qn, Serum ¹²	69 Low	73 03/11/2022	mg/dL	90-386
Immunoglobulin M, Qn, Serum ¹²	6 Low	7 03/11/2022	mg/dL	20-172
Result confirmed on concentration.				
Immunoglobulin E, Total ¹²	14	13 03/11/2022	IU/mL	6-495

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Casuistics 2

38 y. old man, *Lyme disease* since over 12 y., co-infections, chronic pain, chronic fatigue, immune deficiency, chronic uveitis, brain fog, recurring infections

1st active fever on 10th of August 2023:

- 0.2 ml Strovac® i.v.
- Maximum temperature: 37.5°C (99.5° F)
- no side effects

2nd active fever on 11th of August 2023:

- 0.3 ml Strovac® i.v.
- Maximum temperature: 40.8°C (104.2° F)
- Intense chills, a bit headache, one attack of nausea with vomiting
- Reduction of fever by using short infusion with Aspegic®

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Casuistics 2

38 y. old man, *Lyme disease* since over 12 y., co-infections, chronic pain, chronic fatigue, immune deficiency, chronic uveitis, brain fog, recurring infections

E-Mail from 16th of September 2023:

- Attached are new labs from Monday. Best labs I've seen in a long time. I'm particularly AMAZED that my immunoglobulins class M (IgM) is within normal limits. I first had this tested in 2010, and it was deficient then. It has been deficient EVERY time it has ever been tested and has been testing < 10 (almost undetectable) for the last year. It is higher! It is WITHIN NORMAL LIMITS. Wow! I feel so great. I AM SO HAPPY*

Immunoglobulins A/E/G/M, Serum (Cont.)

Immunoglobulin M, Qn, Serum ⁰¹	42	mg/dL	20-172
Immunoglobulin E, Total ⁰²	Will Follow		

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Casuistics 3

34 y. old woman, *Gastric carcinoma with metastatic spread* in the small pelvis and large intestine, multiple sclerosis since 2015, D.m. Type 1 since 1998

- Stomach cancer diagnosed in Oct. 2023
- Got chemo according FLOP scheme, 7 cycles
- Partial gastrectomia March 2022
- New metastatic spreading in May 2024, peritoneum. Lymph nodes small pelvis and around large intestine
- Step by step lost of weight, more weak, depressive mood
- First consultation at Alpstein Clinic June 2024
 - Holistic check up
 - Start with immune stimulative infusions (high-dosed Vitamin C, Curcuma, Artesunate)
 - Start with whole body hyperthermia and active fever

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Casuistics 3

34 y. old woman, *Gastric carcinoma with metastatic spread* in the small pelvis and large intestine, multiple sclerosis since 2015, D.m. Type 1 since 1998

- 1st active fever on 14th of June 2024:
 - 0.2 ml Strovac® i.v.
 - Maximum temperature: 39.5°C (103.1° F)
 - Intense headache, vomiting, nausea
- 2nd active fever on 16th of August 2024:
 - 0.2 ml Strovac® i.v.
 - Maximum temperature: 40.1°C (104.2° F)
 - Low side effects, made intense meditation
- Continuation of oral and infusion program at home
 - Weekly high-dosed Vitamin C (30 g), weekly alternate curcuma and Artesunate
 - i.m. injections of organopeptides (thymus, spleen, adrenal gland) twice a week

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Casuistics 3

34 y. old woman, *Gastric carcinoma with metastatic spread* in the small pelvis and large intestine, multiple sclerosis since 2015, D.m. Type 1 since 1998

Phone consultation 5th of Oct. 2024

- should always make chemo every two weeks, only one was realized
- More not possible due Covid-19 infection and bad hematology
- But continued the biological infusions and the oral program
- Had last week PET-CT, on which everything is good, no cancer-typical spots are visible!
- The oncologist will not believe the result
- she feels super ... is very happy and confident
- Will not continue with chemo and repeat the fever therapy this month

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Casuistics 4

- **46 y. old men O.H.**, *Near-rectal colorectal cancer, liver and brain metastases*
- initial diagnosis 11-22
- Surgery and creation of an anus praeter 12-22
- Chemotherapy with CAPOX + BEVA, discontinued after the third treatment due to cerebral thrombosis, 1 week in a coma, a total of 4 weeks in the hospital
- Followed by consistent lifestyle changes (diet, activity, social environment)
- Start of a complex nutritional supplement program and vitamin C infusions
- Treatment by a naturopathic doctor with bioresonance therapy
- Initial treatment with us in June 2023, comprehensive diagnostics and combined integrative-biological cancer medicine

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Casuistics 4

- 46 y. old men O.H., Near-rectal colorectal cancer, liver and brain metastases
- Immune laboratory 9.6.23

CD3-/CD57+ Cells				
4 CD3-/CD56+ Flow Cytometry				
4 T cells CD3+ (%)		69,47 %	59,70 - 82,00	[...*....]
4 T cells CD3+ (absolute)	-	230 /ul	900 - 2600	<*]
4 CD19+ B-cells (%)		11,31 %	7,20 - 22,50	[..*.....]
4 CD19+ B-cells (absolute)	-	37 /ul	100 - 600	<*]
4 NK cells CD56+ CD3- (%)		7,74 %	5,40 - 30,90	[*.....]
4 NK cells CD56+ CD3- (absolute)-		26 /ul	77 - 427	<*]
4 CD57+ NK-cells (%)		31,12 %	2,00 - 77,00	[...*....]
4 CD57+ NK-cells (absolute)	-	8 /ul	100 - 360	<*]

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Casuistics 4

- 46 y. old men O.H., Near-rectal colorectal cancer, liver and brain metastases
- Active fever therapy made on
 - 21.6.23 (39,3°C)
 - 6.9.23 (39,6°C)
 - 21.11.23 (40,0 °C)
 - 23.3.24 (39,9 °C)
 - 17.7.24 (39,5 °C)
 - 10.7.25 (40,4 °C)

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Casuistics 4

- 46 y. old men O.H., Near-rectal colorectal cancer, liver and brain metastases
- Immune laboratory control 12.7.25

2 CD3-/CD56+ Flow Cytometry				
2 T cells CD3+ (%)		62,49 %	59,7 - 82	[.*......]
2 T cells CD3+ (absolute)		2179 /ul	900 - 2600	[.....*.]
2 CD19+ B-cells (%)	+	27,22 %	7,2 - 22,5	[..... *>
2 CD19+ B-cells (absolute)	+	949 /ul	100 - 600	[..... *>
2 NK cells CD56+ CD3- (%)		8,04 %	5,4 - 30,9	[*......]
2 NK cells CD56+ CD3- (absolute)		280 /ul	77 - 427	[....*....]
2 CD57+ NK-cells (%)		36,83 %	2 - 77	[....*....]
2 CD57+ NK-cells (absolute)		103 /ul	100 - 360	[*......]

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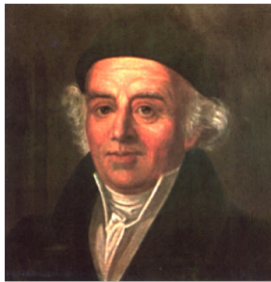
Casuistics 4

- 46 y. old men O.H., Near-rectal colorectal cancer, liver and brain metastases
- Follow-up and current situation (9-25)
 - Very good general health
 - His mood is optimistic, he feels relaxed
 - Now undergoes a special liver and intestinal detox program (Moritz) three times a year
 - Had extensive lab, CT, and MRI scans of the brain in August 2025
 - No signs of cancer were found
 - The artificial anus (anus praeter) is scheduled to be relocated in September

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The founder of homeopathy says:



(S. Hahnemann, *The chonic diseases, part one*)

"For all miasmatic illnesses, human nature possesses that process, which is usually so beneficial, namely the specific fever..., so that the human being then tends to recover completely from them, and that in a short time."

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More Information

Translational Oncology
www.transonc.com

Volume 11 Number xx Month 2018 pp. 330-337 330

Safety of Therapeutic Fever Induction in Cancer Patients Using Approved PAMP Drugs

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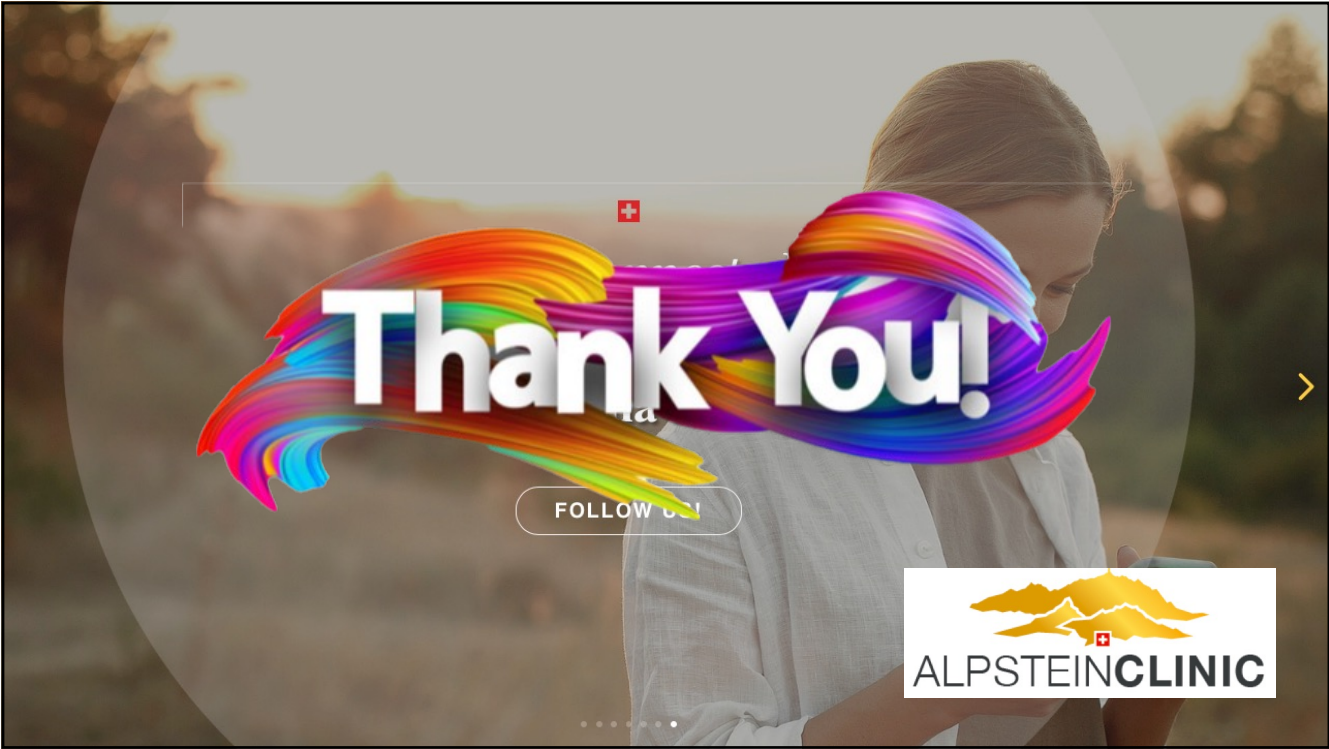
Abstract

William Coley, between 1895 and 1936, treated hundreds of cancer patients using infusions of fever inducing bacterial extracts. Similar experiments were done by Klyuyeva and co-workers in the 1940ies in Russia using trypanosoma extracts. Many remissions and cures were reported. We have conjectured that pathogen associated molecular pattern substances (PAMP) are the molecular explanation for the beneficial treatments in both groups. We could show that a combination of PAMP can eradicate solid tumours in cancer mice if applied several times. Accordingly, we suggested to combine PAMP containing approved drugs to treat cancer patients using a protocol similar to the old fever induction regimen. In this retrospective phase-1 study we report on the fever induction capacity and safety of applications of bacterial extracts, combinations of bacterial extracts with approved drugs, and combinations of approved drugs in 131 mainly cancer patients. Adverse reactions were those which can be expected during a feverish infection and mild. Over 523 fever inductions, no severe adverse reaction was observed.

Translational Oncology (2018) 11, 330-337

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