



THOMAS RAU, MD: PIONEER OF SWISS BIOLOGICAL MEDICINE— THE FUTURE OF NATURAL HEALING

Interview by Mark Hyman, MD, and Suzanne Snyder • Photography by Kevin Trimmer

Thomas Rau, MD, is Chief Medical Director and part owner of the Paracelsus Klinik, Center for Paracelsus Biological Medicine and Dentistry, in Lustmühle, Switzerland. A first of its kind in Switzerland, the Paracelsus Klinik has existed for 50 years and is widely recognized as a center of excellence for natural medicine.

Dr Rau attended medical school at Berne University and passed the final medical examination both in Switzerland and in the United States. He has worked as a hospital physician in rheumatology and internal and general medicine. From 1981 to 1992, Dr Rau was the medical director of a Swiss clinic for rheumatology and rehabilitation medicine. During this time and since then, he trained in homeopathy and many natural therapies.

*Dr Rau was founder and president of the Swiss Homotoxicological and Regulative Therapy Society and a board member of the International Society of Milieu Therapy, Isopathy, and Enderlein Medicine. He is considered a leading expert in Enderlein therapy, Darkfield microscopy, and biological tumor treatments. Dr Rau's articles are widely published, and he lectures internationally, teaching naturopathic healing methods and dietary, neural, and isopathic therapies. He is the author of *The Swiss Secret to Optimal Health: Dr Rau's Diet for Whole Body Healing* (Calif: Berkley Publishing Group; 2007). Dr Rau is also co-founder of the Paracelsus Biological Medicine Network (PBMN) in the United States.*

Alternative Therapies in Health and Medicine's editor-in-chief, Mark Hyman, MD, conducted this interview with Dr Rau during the first weekend of the PBMN seminar series at the Marion Institute in Marion, Mass, in November 2006.

Alternative Therapies (AT): You have helped pioneer a model of care in Europe called Swiss Biological Medicine™. This is an eclectic mix of scientific methods and traditional healing modalities. Can you explain the nature and origins of biological medicine?

Dr Rau: Swiss Biological Medicine integrates all the traditional methods of natural healing, as well as elements of what

Thomas Rau, MD, photographed at the Marion Institute, Marion, Mass, in November 2006, contends that if physicians want to treat patients differently, they have to think differently.

you refer to in America as functional medicine or orthomolecular medicine. The traditional components of biological medicine include traditional Chinese medicine and Ayurveda, homeopathy, the traditional German or European drainage (detoxification) methods, neural therapy, and hyperthermic therapy. The modern part is similar to functional medicine, or what I refer to as ortho-molecular medicine. We have enhanced this model with new techniques of Darkfield microscopy, computerized thermography, and a unique method of measuring the tension of the unconscious nerve system.

What makes biological medicine unique is how we carefully integrate the isopathy, the immune biology of Professor Enderlein's theories, and homeopathy. This medicine integrates everything, more or less, and continually evolves. It is not a static type of medicine; it continues to be developed over the years. Our experience, when we really do it carefully and consistently, is that we don't need orthodox medicine anymore. It has become our basic primary medicine. To complement it, in rare cases, we need orthodox medicines. So the orthodox medicine has become the complementary medicine and biological medicine is, for us, the primary, fundamental basis and foundation for health and disease treatment.

AT: There are a number of unique concepts and methodologies that distinguish your approach. For example, you employ neural therapy, isopathy, the concept of regulation and regulation blockade, various toxic foci, such as heavy metals, acid and protein excesses, free radicals, various food intolerances, stresses—all those things are new concepts to orthodox or conventional medicine. You also introduce new concepts such as constitutional types and the multi-causal nature of disease as well as toxic overload. These are novel ideas in approaching diagnosis and disease treatment. It is not the same old "make a diagnosis and treat it" or "match the drug to the diagnosis" mentality. Can you explain the underlying concepts and practices of biological medicine and, specifically, how you approach and treat the patient?

Dr Rau: The very important thing is the multi-causality of the disease, which we always look to. We know that multi-causality is at the root of each illness. There is always an individualized combination of causes in any one patient. Multiple causes affect

the course of disease by creating blockage or change in our natural physiological regulation or regulatory capacity. For us, it is important that each patient has a different combination of causes, or “co-causes,” for his or her disease, even if they would have the same diagnosis. This explains why we say, “We don’t treat diagnoses; we treat human beings.”

Our basic approach is to change and increase the self-regulatory capacity of the body. You could also say the compensatory capacity of the body is necessary so that it can maintain its inner balance continuously, even in the presence of stresses or toxic disturbances. At a certain point, especially when many different causes occur at once and the constitution is weak in the direction of a particular disease, then the patient can’t regulate and self-correct imbalances anymore. That is what makes the organism sick.

So what we try to do is increase the body’s self-regulation, and we look to where the so-called blockages are for this regulation, for this compensatory capacity. The regulation that we speak about is nothing other than the natural capacity of the body to create balance.

AT: How do you assess the regulatory capacity and whether or not it’s out of balance? And how do you correct that?

Dr Rau: We assess the regulatory capacity by looking at the patient with different diagnostic tools. The first tool is the assessment of the patient’s capacity for thermal regulation. Computerized regulation thermography can show subtle changes in the thermoregulatory capacity of the body, which is always connected with the unconscious nervous system. Each organ has its specific correlating skin area on which we measure the regulation reaction, and this test result shows a very subtle adaptation capacity of the inner organ. This test method can show, for example, degeneration or even cancerous changes and tendencies at a very early stage. This is one diagnostic treatment.

The other diagnostic evaluation is microscopic evaluation of the blood, where we can evaluate the capacity of the body to compensate for various stresses or toxins. Darkfield microscopy uses a drop of fresh blood, which we take from the patient, with-

out any colorants. We create a slide of whole blood. We observe how the cells react under stress and the cellular and extra-cellular activity in this blood. We observe proteins and we examine endobionts, which move around when you look at the slide.

AT: Can you define endobionts and explain their significance?

Dr Rau: Endobionts are protein molecules of various sizes. We do not really know exactly what they are, but we know from experience what they mean and if they upgrade—or change their aspect and size. What we do in Darkfield microscopy is some-

thing very important: we put the blood cells under a giant stress and observe their reaction. There is no other test that shows the cellular stress capacity and the integrity of the cell walls so vitally and directly as this diagnostic method.

AT: You also use a technique called neural therapy, which is the injection of various compounds—homeopathic and others—into nerve plexuses and traditional acupuncture meridian points. Can you explain this technique and what it is used for?

Dr Rau: Neural therapy is a method that was developed at the beginning of the last century by the German Huneke brothers. The technique involves injecting specific points with lidocaine or procaine, and these injections depolarize the unconscious nervous system. We have devel-

oped a special type of neural therapy by adding homeopathic and isopathic remedies according to specific points on the body, which have a strong stimulation effect to the inner organs.

AT: Do you mean the autonomic nervous system?

Dr Rau: Yes, our neural therapy activates the autonomic nervous system. The injections create a regulatory stimulus. So it is just known and very well observed that these injections change the reactivity of the body. It can unblock blockages that come from scars, from toxic foci, and so on. We developed a special, very sophisticated addition to neural therapy called the Neurovegetative Injection Technique, where we inject into neural therapy points a mixture of isopathic and homeopathic remedies

Biological medicine goes to the roots of the disease and allows the patient to change from the inside. It is a way of medicine that is filled with respect and love for the human being and the universe.

combined with procaine or lidocaine. In addition to direct injection to nerve plexuses, we add injections to several specific acupuncture points. So we do traditional neural therapy, homeopathy or isopathy, and an acupuncture technique together, and this potentiates the effect. It is very effective and the patients very often—most of the time, even—feel a sudden change in autonomic dysfunction diseases.

AT: Which ones?

Dr Rau: Pneumonia, chronic coughing, headaches, cervical migraines, cervical pain, back pain, and others. It also addresses malfunction of the intestines, such as irritable bowel syndrome, and hormonal dysregulation, such as premenstrual pain, among other conditions.

AT: How do you decide which neural therapies to use?

Dr Rau: How does the acupuncturist decide which acupuncture point to use? It's purely a question of experience and of doing it all the time. Swiss biological medicine is an art that is based very much on experience.

AT: What is hyperthermic therapy, and when would you use that?

Dr Rau: Hyperthermia treatment is one of our most intense treatments. In hyperthermic therapy, we use two different methods. We use local hyperthermia and systemic hyperthermia. The local hyperthermia we use mainly on dysfunctional tendon and joint diseases and musculoskeletal pain, such as back disease.

We also use local hyperthermia for cancer. We use it specifically for “burning” cancer cells. It is combined with enzymatic injections around the cancer. It is probably one of the most important active tools in our cancer treatments. It not only creates heat, it builds up the membrane potential of the cells. Cancer cells have a low membrane potential—this is known from conventional physiology—and healthy cells have a much higher membrane potential. The local hyperthermia, which is a way of shooting electrons into the tissues, increases the membrane potential and also increases the vitality of the body. That's the local hyperthermia, which is used in all cancers—specifically breast cancer and liver metastases, throat cancer, and prostate cancer, for which it's very effective. Prostate cancer is my “favorite diagnosis,” because there we have better results than you see with orthodox medicine. We just evaluated this in a prospective 2-5-year outcome study on more than 200 patients.

The other type of hyperthermia is whole-body hyperthermia. We put the patient in a chamber, which heats with infrared light. We heat the patient up so that his temperature gets up to 104° F or 40.5° C, which is a high fever. It takes about 2 to 3 hours to get up to this temperature, and then we stop the infrared lights and pack the patient in towels to maintain this temperature for several hours. Whole-body hyperthermia has a very intensive effect for stimulation of the immune system. It increases the

white blood cell capacity. This also causes a very intensive increase in metabolism in general but also in white blood cell function. This leads to marginization as well as an increase in white blood cells and their immune activity. This leads to a measurable increase in the T lymphocytes as well as granulocytes. This is an intense method of activation of the patient's immune system. And—uniquely in Europe—we combine this method in cancer patients with either a very low-dose chemotherapy or, more often, a systemic mistletoes treatment and enzyme therapy. It is the combination of different intensive therapy modalities that we can combine in our clinic that makes our cancer therapy so strong and effective without the side effects of orthodox cancer therapies, like chemotherapy or radiation.

Studies have shown that this effect lasts for about 2 weeks, so it has an ongoing effect. Normally in cancer patients we do the whole-body hyperthermia once a week for the first several weeks and then once every other week, if the patient can come, of course. That would be optimal. And we support the whole-body treatment with the Enderleinian isopathic therapy because this also activates the “inner milieu” and the reactivity of the white blood cells.

Additionally, we provide counseling during the hyperthermia. We talk about life themes, which are archetypic for the development of the patient's cancer.

AT: While they are getting the treatment?

Dr Rau: Yes, while they are getting the treatment, because in the situation of a high fever, the patients begin to have fantasies, like a child with fever hallucinations.

Little children, when they have high fevers, begin to see animals and have fantasies. The same thing happens in cancer patients, and it is very interesting. We prepare them for what they see. What comes into their minds are very often key experiences of their lives. We talk with the patient so the patient can explore what emerges. Then we help them work through it afterwards. We never sedate the patients. Many clinics do because they say, “Well, it's difficult to get them to such a high temperature, and it's a plague for the patient,” but that's not the case. We experience the opposite. It's the most intensive therapy for them. The patients like the hyperthermia, even though it is difficult and uncomfortable to get through; they feel successful when they come through this psychological clearing. The psychological situation is very often mind-opening.

AT: Do you do this for diseases other than cancer?

Dr Rau: We do it for patients with rheumatoid arthritis, autoimmune diseases, ulcers, and more.

AT: How do you prevent dehydration and other ill effects?

Dr Rau: We give the patients infusions. These intravenous drips are another development of our clinic, which has been copied by

other clinics. They turn the patient's metabolism to alkalinity and into an antioxidative stage. It's a combination of high-dose vitamin infusions and immune-boosting alkaline infusions. Cancer patients and chronically inflammatory patients are always in an acid stage and need to be turned to an alkaline interstitial milieu. They get these individualized intravenous drips—alternated with ozone therapy—every day. This means they also get the drips on days without hyperthermia.

AT: Are patients getting the infusions while they are undergoing hyperthermia therapy?

Dr Rau: Yes. In special situations, the cancer patients even get insulin-potentiated chemotherapy during the hyperthermia, or—more often—mistletoes treatments. It's another treatment of course, but we add it into the hyperthermia, and we do it with about one tenth of the usual chemotherapy dosage. Normally in the United States the insulin-potentiated chemotherapy, or IPC, is given at one third of the dosage. When we use it in the context

of hyperthermia, we find we can give about one tenth to one twentieth of the dosage.

AT: Do you use conventional chemotherapy drugs?

Dr Rau: We use some conventional chemotherapeutic agents, but mainly we use older agents—such as fluorouracil or Leukeran. That's what we need the most, for lymph cancers and leukemias, but at a very low dosage, too.

AT: Do you use hyperthermic treatments for heavy metal toxicity? Do you use infrared saunas or other types of saunas in your hyperthermia treatments?

Dr Rau: No, the intensive hyperthermia is not used for heavy metal toxicity. However, we do use the infrared sauna as one part of heavy metal detoxification. With the infrared sauna, we can mainly drain the heavy metals and also organic toxins out of the subcutaneous fat tissue. That's a space in the body that we can't



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address with other methods because it does not respond to intravenous therapies. All the other drainage and chelation remedies attack only organs, cells, and interstitial fluids, but not fat tissue. And it's more or less the only method with which we can detoxify the fatty tissue.

AT: This, then, seems like a critical part of overall detoxification treatment.

Dr Rau: Exactly. That's why we suggest to our patients, if it's possible financially, that they buy an infrared sauna chamber.

AT: Is there research validating sauna therapy for heavy metal detoxification?

Dr Rau: Well, you could ask the producers of these saunas. They have many studies.

AT: In the news and in the medical literature, it seems that



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inflammation is a bad thing, and we should try to find ways to reduce inflammation. Yet in some of your therapies, you are actually increasing inflammation. Can you explain that?

Dr Rau: This is a big controversy. I was just at the annual medical congress on biological medicine, and the tenor of the speeches and presentations was that we should increase, in some patients, the inflammatory capacities of the body, mainly in cancer patients. They even warned of lowering the arachidonic acid too much because this has an inflammation-activating effect. These are new aspects, I know, but I think, according to Hans-Heinrich Reckeweg, who developed the six phases of homotoxicology, patients who have a good inflammatory reactivity get less cancer because they do not become toxic. They move toxins out of the cells. The white blood cells, the "inflammation cells," or "macrophages," eat the toxins and process them through an enzymatic process.

AT: That is very interesting because high levels of C-reactive protein are associated with increased cancer risk. And obesity, which is an inflammatory state, is also associated with increased rates of nearly all cancers. How do you explain that?

AT: Well, I think obesity is associated with more cancer because obese patients have a metabolic problem. They have a high insulin output and bring glucose into the cells, where it ferments to cancerogenous lactic acid. They have a low adrenaline function, and low adrenaline function leads to more insulin output, and more insulin output causes obesity. Lowering of the adrenaline function and the adrenal capacity is related to more cancer.

That is our experience too, with the heart rate variability test. In the pre-cancer period patients decline in their sympathetic over-reactivity; after a period the chronic stress has created prolonged overactive sympathetic function. When this falls down, a certain time later, the cancer begins to show up. That's what we see very, very often. And I think the fact that obese patients have more cancer is not because of the obesity; it is because of this change in adrenal function.

AT: What about the association of high levels of C-reactive protein and inflammation with more cancer?

Dr Rau: C-reactive protein is also related to increased oxidative stress, not only to inflammation and bacteria. And—from the isopathic viewpoint of Professor Enderlein—the long-term presence of bacteria, especially cell wall-deficient bacteria after antibiotic treatment, causes a higher incidence of cancer.

AT: You often talk and write about protein excess and why it leads to illness and imbalance. Many physicians recommend higher-protein, lower-carbohydrate diets for weight loss and improved health. There are some recent European studies demonstrating benefits of higher-protein diets for weight loss. Can you explain your concern about the harmful effects of protein

and whether there are any differences between animal and vegetable sources of protein?

Dr Rau: First of all, these German studies don't speak about high total amount of protein, but only low carbohydrates, which have a high glycemic index. The protein amount should not exceed 60 g per day for an adult person—there they all agree. But the new dietary guidelines all agree that the intake of small-chain carbohydrates should be very low, and the intake of unsaturated fatty acids (especially omega 3, like flax seed oil) should be much higher.

The high protein load of our population is, I think, one of the most important causes of chronic diseases. We get so much protein in our bodies, and we cannot process it, so we have to store it. The average European patient eats about 120 g of protein per day. But we can process a maximum of 60 g. This creates an overload of protein, which has to be stored somewhere. It is stored in the mesenchyme, also known as the interstitial fluid. This creates increased rigidity and less fluidity in the mesenchyme, so our intracellular communication systems and signaling are impaired. Detoxification becomes more difficult, and it creates chronic disease. That is our understanding. All this is extensively described in my new book, *The Swiss Secret to Optimal Health*.

AT: How does the protein get deposited there? And is it deposited as amino acids, small peptide fragments, or whole proteins?

Dr Rau: It is deposited as amino acids in different forms, including oligopeptides. They get stored in the mesenchyme and have a strong capacity to bind toxins, too. This is proven; it's been shown many times.

AT: How does that contribute to disease? Does it increase acidification of the body?

Dr Rau: Yes. The free amino acids create the change of the interstitial fluid. It gets more gelose, more gel-like, and this results in the lack of detoxification capacity because all of the toxins have to drain through the mesenchymal interstitial fluid.

AT: Do the animal and vegetable proteins both have harmful effects, or are the harmful effects related primarily to animal protein?

Dr Rau: They can both lead to hyper-acidification. But the animal proteins contain more acidic amino acids, which are much more concentrated with animal food. It is also a very concentrated source of protein, so by consuming animal protein it is easier to get into protein overload. If you eat vegetarian food, it is much more difficult to get into over-proteinization because vegetarian food always includes fibers and carbohydrates; there are plant forms of pure protein. So satiety is reached before you can consume too much protein.

AT: How can a physician who may be interested in biological

medicine learn more about it?

Dr Rau: By coming to my classes (laughing) or by reading my new diet and cookbook, *The Swiss Secret*. You can also learn more about our activities at www.drrau.com.

AT: Please talk a little bit about the course and how you train physicians.

Dr Rau: We have a clinic that has been built up over 50 years; it is a long process. How can I teach doctors what we do? I've found that even though there are various courses for this, there are few really integrative courses—courses that integrate all the different methods, which integrate deeply the thinking of how to combine the different methods we use in biological medicine. That's why we began to teach our methods, and we created a seminar program that I teach in German in Europe and in English in the United States.

It includes 10 different weekend seminars in Europe. In the United States, it's 8 weekend seminars over the course of 2 years, and there is the Paracelsus Biological Medicine Network (www.pbmn.org), which was created by us in cooperation with the Marion Institute, which organizes these seminars in the United States. It is for health practitioners, doctors of osteopathy, doctors of dental surgery, and other healthcare practitioners.

AT: What do you think are the greatest obstacles to implementing this model for American physicians or for any physician?

Dr Rau: It is difficult to say. I think there is a psychological obstacle to implementing this model of care, even though doctors notice more and more that there is a big demand from the patient side to learn and that they need to offer something other than conventional therapies.

Even though they know this, they see a big mountain over which they cannot see. They know, "I should learn biological medicine, but how can I? Where should I begin? How can I step into homeopathy; how can I step into orthomolecular medicine?" It's such a big mountain that they tend to say, "No, that's nonsense. That's nothing." And as soon as they really begin, step by step—it's a lifelong development, a lifelong training—as soon as they begin, they will see how much it changes the practice, how much it changes the attitude of the patient. Learning and practicing biological medicine is a philosophy and a lifelong process, an attitude about life and the entity of the earth. Biological medicine is a medicine that goes to the roots of the disease and allows the patient to change from inside—but it is also a way of medicine that is filled with respect and love for the human being and for the universe of which we all are a part.