

# In the jungle of the miracle healers

An award-winning article on the seductive powers of alternative therapists



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**It was her own fault that she lost her chance to be cured. Or was it? This article, which was first published in the German weekly news magazine *Der Spiegel*, and won its author a Best Cancer Reporter Award, explores what makes people choose alternative over conventional treatments.**

**I**t was on a Monday three and a half years ago that Renate Mulofwa\* first gave in. “I can’t cope any more,” she said to gynaecologist Angela Kuck as she bared her breast. “I’m sure you’ve never seen anything as bad as this!” And she burst into tears of embarrassment.

Three days earlier the naturopath who was treating her had jumped back in alarm as blood came spurting out at him. The tumour was as large as a grapefruit and was pushing outwards as though trying to escape from her breast. It had eaten away her skin, so that Mulofwa described what remained as a “glacier landscape”.

Renate Mulofwa was then 47; she had known for almost two years that

she had breast cancer. Surgery was something she had never wanted. She was a woman who had always attended her mammography appointments, ever since she had first felt a hardening in her breast when she was 28. She had had her three children immunised and allowed them to be prescribed antibiotics when they were ill. She had never had anything against conventional medicine – at least not until that phone call in June 2006 that changed everything. For Renate Mulofwa, that day saw the start of an odyssey through the strange world of alternative medicine. For four years she had been pursuing that pathway, leaving it only once – briefly – in 2008.

Mulofwa had been visiting a friend when her mobile phone rang. The caller

was the resident gynaecologist from the neighbouring village. He had recently arranged for a tissue sample to be taken from her left breast. She had cancer, the doctor told her curtly, and he had made an appointment for her to go into hospital the following week for surgery. At any rate, that was how she remembered it.

The gynaecologist now says that it cannot have been like that – his professional ethics would not permit him to deliver such a serious diagnosis over the phone. The truth of the matter can no longer be ascertained, but Mulofwa maintains that from the outset she found this doctor cold, uninterested and arrogant. She saw him as representing the heartlessness of conventional medicine, and then she imagined the chemotherapy



Don't do what I did. Providing insight into why people choose alternative therapies, and what the consequences can be, helps readers avoid falling into the same traps

more like “a newly hatched culture”.

But is it all ‘her own fault’? Her fault because she let herself be seduced by the promises of the wonder doctors? To what extent are the seducers themselves to blame?

Renate Mulofwa now recognises traits in herself that make her an ideal victim of that ‘alternative’ parallel world. She sees herself as easily influenced, she takes decisions on the basis of gut feeling, and if a charismatic healer clasps her warmly by both hands and proclaims in a tone of complete confidence, “We can crack it!”, that goes down better with her than the ruthless realism of conventional doctors.

And so she entered the jungle of alternative medicine, where no one showed her how to distinguish between genuine treatment methods and life-threatening quackery.

The first tip came from her brother – he knew of a farmer who had cured a colleague of a persistent allergy through laying on of hands. Mulofwa drove in her green Volkswagen camper to the Allgäu in southern Germany. A friendly elderly man with a red face and a large stomach welcomed her into his living room. In the corner stood an altar, surrounded by statues of Mary of every conceivable size. His hands on her shoulders were warm; it felt good to feel the energy flowing. And the farmer was modest; he made no mention of payment. Mulofwa gave him €100. She stayed a week, sleeping in the camper van and enjoying the outdoors and her freedom.

Once she met another cancer patient

– the hair loss, the vomiting into the toilet. No! She decided not to give conventional medicine a look-in.

And so, regrettably, she did not find out how good her prospects were: no lymph nodes were affected, the cancer was less than five centimetres across and was ‘moderately differentiated’. Chemotherapy would probably not have been needed at all, she could have been treated effectively with hormone inhibitors. Her chances of a cure were good.

### ‘I was stubborn’

“I don’t want to push the blame onto others. I was stubborn and had got it into my head that I would show everyone that there were other ways of doing it,” she now says. She shakes her head, on which, after five cycles of chemotherapy, nothing but fuzz is growing. On the shelves in her small living room is a photo of her twenty years ago, with long blonde hair and a beaming smile – she is doing the splits on a tree trunk that is bridging a stream. Now she thinks that she looks

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heartlessness of conventional medicine

## Could she have abandoned her approach at this point, brought down to earth by this failure?

there, who secretly advised her, “I’ve had surgery and chemo as well – you should do the same! Just don’t say anything to him about it; he doesn’t like it.” Mulofwa learned that with healers it’s just like with doctors: if you want them to try to help you, you have to do what they say.

A small book with a yellow cover revealed the next step to her. Published in 1978, it still ranks among Amazon’s top 10 cancer guides. Under the title *Advice for the Prevention and Natural Treatment of Cancer, Leukemia and Other Seemingly Incurable Diseases*, the author – also a farmer – leads people to believe that cancer can be ‘starved out’ by a 42-day diet: a widespread misconception that flies in the face of all the insights of cell biology. The theory is preceded by numerous accounts of cancer patients who have allegedly been cured by the ‘Bruess diet’ – even without surgery.

Mulofwa stuck rigorously to the diet: for six weeks she had nothing but tea and fruit juice, with thin onion soup at lunch time. She lost 14 kilos, her hair fell out in clumps, but the lumps in her breast got no smaller.

### A chance for a rethink

Could she have abandoned her approach at this point, brought down to earth by this failure? “My mother is very strong. You can talk to her, but in the end she does what she wants,” says her daughter, a qualified nurse with experience of working on cancer wards. Since she represents conventional medicine, she says, her mother would not have followed her advice in any case.

Vera Hermann, her alternative therapist and friend, also avoided conflict. At first, choosing her words carefully, she tried to encourage Mulofwa to have surgery – after all, the alternative route was still an option after that. “But you were wearing blinkers; you only took in things that fitted with your world view,” she now says, and Mulofwa ruefully acknowledges, “You’re right. If you had spoken to me forcefully like other people did, I would have stopped coming to you!”

By this time Mulofwa had already accumulated two shelves of books about her cancer. What all of them have in common is that they accuse conventional medicine of only treating the symptoms, not the cause, and they suggest an apparently simple way out of the problem. Sometimes the solution is large doses of vitamins, sometimes information about the healing properties of Aloe vera that has supposedly been suppressed by scientists, sometimes you simply have to work on your relationship with your mother. Under seductive titles such as *Chemotherapy Heals Cancer and the World is Flat* (another longstanding bestseller), authors of dubious standing skilfully attack conventional medicine at its weakest point.

In a book about Germanic New Medicine, written by the former German doctor Ryke Geerd Hamer, who has been charged and convicted on a number of occasions, Mulofwa read about the ‘iron rule of cancer’, according to which tumours are the result of psychological conflicts. With a purple highlighter she marked the passages stating that conventional doctors put cancer

patients in a panic. “Knowing patients” have no fear because they know that metastases do not exist.

### Vindicated?

Mulofwa saw herself vindicated. Was it not this very panic that was paralysing her? She therefore avoided all conventional medical advice or newspaper articles and turned off the television as soon as a talk show mentioned her illness. In her books, on the other hand, Mulofwa learned that she herself was responsible for her cancer. Had she not left her two faithful ex-husbands, one after the other, after many years of happy marriage, in order to eventually marry a younger African man in 2003? “Although many people didn’t understand me then, it was deep love at first sight, and now he stands faithfully by me,” says Mulofwa. But she believed that the cancer was a punishment for what she had done.

She chased tirelessly from healer to healer. She had her bowel cleansed of toxic waste, was injected with mistletoe extract and tried out dubious procedures such as snake venom therapy and autohaemotherapy. She took part in the mass healings of a Nigerian priest who worked himself up into a frenzy on the stage, and in Tibetan group yoga events.

Today some of these experiences bring tears of laughter to her eyes. One alternative practitioner pushed her in the back, to test her aura. She then heard him rummaging in a toolbox and doing something behind her. A “repair to the aura”, carried out with hammer and screwdriver, he explained. “Obviously I thought, ‘this is pure humbug’ – part of me isn’t stupid. But I also

thought, ‘it won’t do any harm.’”

At the start of 2008, in the months before her capitulation, she believed that she was in the best possible hands with the general practitioner Dr Norbert Vogel. The imposing practice with bright rooms, now managed by a successor, lies in an exclusive quarter of Zurich, opposite a hospice for the terminally ill. Mulofwa remembers Dr Vogel as a small man in his late 50s, in old-fashioned pleated trousers, who kept talking about Jesus Christ.

By then her breast cancer had already grown considerably. She was having to stuff more and more tissues into the bra cup of her right, healthy breast to stop people noticing anything. The tumour secreted a yellowish discharge, and it bled.

Dr Vogel had promised her great things from the miracle product amygdalin – an extract of apricot kernels that alternative practitioners also refer to as Vitamin B17. She had read that scientists and the pharmaceutical industry were conspiring to suppress information about the effectiveness of this substance, because it could not be patented. Mulofwa had paid out 4000 Swiss francs in cash for her daily injections of the wonder drug. Vogel, who has since emigrated to South America, leaving only an email address, did not respond to an enquiry from *Der Spiegel*.



The doctor’s handwritten notes from that time consist of one page of spidery writing. On 18.4.2008 he noted, “exulc. tumour significantly grown bleeding” – on this very day he had seen the bleeding breast and Mulofwa had begged him to refer her after all to a hospital. “I had such a bad conscience – after all, he had tried so hard to help me,” she said.

#### Alternative therapies. You must do as you are told

Yet the results of the monthly blood tests filed away by the doctor show that under his care she was becoming steadily more anaemic – to an extent that was potentially life-threatening. Three days later, when Angela Kuck admitted Mulofwa to the Paracelsus Clinic in the Swiss

town of Richterswil, the gynaecologist assessed the patient as too ill to be operated on, at that stage, on account of her poor blood values. She was given blood transfusions, and the hospital chaplain heard her confession.

It took three days for Mulofwa’s condition to improve enough for the operation to be carried out. The medical report states that five out of eleven lymph nodes in her armpit were affected at this time, and the cancer had spread to her pectoral muscles.

The patient next to Mulofwa in the three-bed room was Barbara. Barbara was the same age, had colorectal cancer, and like Mulofwa had not wanted to have surgery. In conversation, the two kindred spirits discovered that they had been treated by the same healers. Mulofwa recovered quickly from her operation, but her new friend was soon writhing with the pain of her tumours. The nurse moved her to an adjacent room. The following night Mulofwa

heard her screaming, and in the morning she was dead.

That evening, with tears streaming down her face, she sat beside Barbara in the basement, where the corpse, surrounded by flowers, was laid out – in line with the usual anthroposophical practice in the clinic. Mulofwa was shocked. She resolved to accept whatever the doctors

“Obviously I thought, ‘this is pure humbug’ – part of me isn’t stupid. But I also thought, ‘it won’t do any harm’”

offered her: radiotherapy, hormone blockade with tablets, three-monthly slow-release injections. Chemotherapy was the one thing that she still refused.

Over the following months Mulofwa gained strength for a new life. After nine months she felt well and stopped taking the hormone inhibitors – which she should have taken for five years. Then, more than a year after the operation, a lump appeared for the first time in the other breast. The doctor who examined her ordered a full-body PET scan.

### Too late for a cure

The tomography image shows her whole body scattered with dots. These are metastases – in the bones, the lymph system, the liver and the lungs. They are not curable, the doctor told her, but palliative chemotherapy might keep them in check for a few months or years.

Weeping, Mulofwa confided in her sister-in-law. She knew what to do: an alternative therapist in Zurich – a friend had given a glowing report of him. There it was again, the temptation. Before long, Mulofwa was once more having coffee enemas, soaking in alkaline mineral baths and swallowing a handful of herbal capsules every day.

Mulofwa could feel her strength dwindling. Her weight was falling day by day. “Everyone dies sometime,” she said to her friends. Her youngest son and her daughter no longer needed her; they would make their own way in the world. Her husband would probably go back to Gambia. She was grateful to him; he had been just right for her during those years. The illness didn’t spell the end of their physical relationship. Her husband had told her that for

Africans the breast was not sexy – its job was to suckle babies.

Mulofwa’s concern, though, was her elder son, who still lived with her. She had never spoken to him about her illness, but she knew that he was suffering. More or less on the day of her cancer operation he had given up his job at an electrical superstore; since then he had barely got himself together at all. For him, she thought, she must hang on.

Her dry cough was becoming obstructive, but the worst thing was her shortage of breath. Mulofwa felt as though her lungs were wedged into her ribcage. This time her alternative therapist sent her to “a doctor that he trusted”: Joachim Chrubasik, a man with the impressive title of “Prof Dr med” attached to his name.

### Reassured by a title

For a second time the doctor title instilled in Mulofwa a sense of security. She believed that Chrubasik combined conventional and complementary approaches. Now she says, “He was the very person who once again brought me to the brink of death.”

Until 1996 Chrubasik was an anaesthetist in charge of a pain clinic in Heidelberg – a prominent researcher with a long list of publications to his credit. Yet previous colleagues recall that, even then, he was allegedly manipulating his patients and using questionable treatment methods. Then on account of irregularities he was stripped of his official status. His boss at that time, Eike Martin, comments, “I was glad that the problem was solved in this way, because with his obsessiveness and his exaggerated opinion of himself Chrubasik had

repeatedly put patients at risk.”

Chrubasik peddles himself and his work at alternative ‘mind body spirit’ events. The booklets available on his stand at the ‘First experience fair’, held near Zurich, sported titles such as *The Creation of the World* and *Cosmopsychobiology*. According to his business partner, Chrubasik has often cured cancer patients at an advanced stage of the disease.

The professor is a sturdy, pink-faced man with artistically styled grey hair and a beard. At the fair he denounces the pharmaceutical industry and in the next breath talks about how after 50 years he no longer needs glasses because he regularly takes rosehip powder. While he is speaking, pill boxes and juices are being circulated among the audience; many of them bear the words “based on Prof Chrubasik” as part of the product name, while others come from a pharmaceutical company that uses his address.

Mulofwa is familiar with many of these products. She says that Chrubasik gave her two large bagfuls that he had packed in the back room of a Zurich pharmacy.

Looking back, says Mulofwa, she fell for the professor’s charisma in an instant. He prescribed gel-padded shoes and herbal painkillers for her hip pain (which was caused by the metastases). Today he explains his strategy: “The most important thing is to get cancer patients free of pain. Then they live longer.” When she told him about her coughing and shortage of breath, he listened to her chest and said her lungs were clear. Even now he emphasises, “Her lungs were always good.”

“With his obsessiveness and exaggerated opinion of himself he had repeatedly put patients at risk”

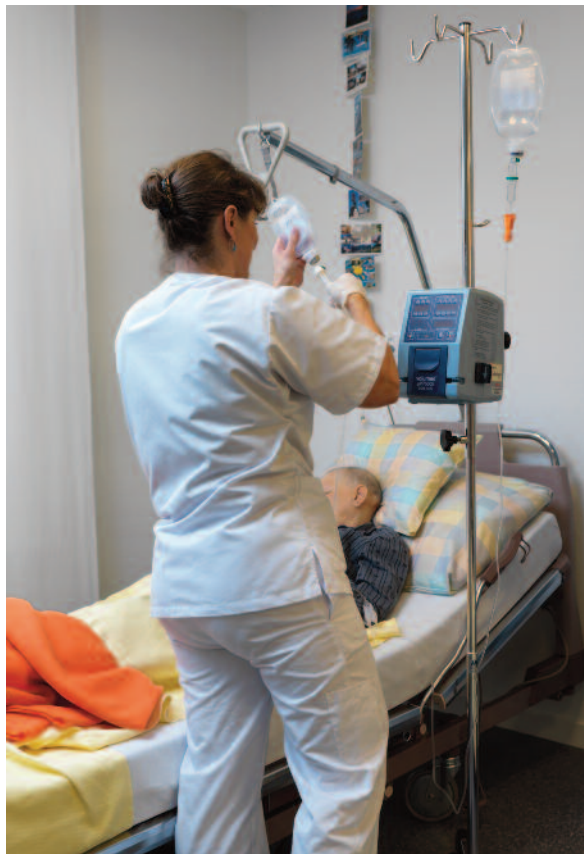
# “My life has been saved twice, and both times it was conventional medicine that did it”

## The turning point

Miklos Pless, who treated her shortly afterwards, remembers things quite differently. At that time Mulofwa's condition was life-threatening, the oncologist says. As a result of the cancer, large quantities of water had accumulated in her chest and her lungs could no longer cope with the resistance they encountered. Mulofwa nevertheless believed Chrubasik. It was not until she was at home and her son broke his silence that her conviction began to waver. Weeping, he begged her, “Please, Mum, have the chemo!” That was the turning point. In a flash I realised what I had done to my life with my obstinacy.

Pless, the oncologist, had prepared himself well for his first consultation with his new patient. From the alternative therapist he had already learned that Mulofwa had until then always rejected conventional medicine. The majority of patients, he says, are afraid that in hospital they will be drawn into a spiral in which one treatment invariably leads to another. And this anxiety is not unjustified, in Pless's view. “I therefore promise my patients that I shall always respect their autonomy,” he says.

Mulofwa receiving chemotherapy. “I was stubborn”



He knows little about complementary medicine, he admits, but he recommends therapists whom he trusts if that's what patients want. The fact that he was not in principle hostile to alternatives was what won Mulofwa over.

The records show that Pless was expecting an emaciated woman who would probably be in a wheelchair. So he was surprised to see her walk into his admission room. He didn't say, “How could you let it come to this?” He didn't say, “You are incurably ill.” Instead his words were: “Your general state is still


very good. If you give yourself a chance, you could soon be feeling much better.”

He first sent Mulofwa to a lung specialist, who spent several sessions puncturing her life-threatening effusion. Then Mulofwa said ‘yes’ to chemotherapy. The results astounded even Pless: the tumours shrank, the pain disappeared, Mulofwa could breathe freely again, although the cough remained. Three months later the lung specialist reported with surprise how well her lungs were functioning.

## A second life

In January 2011 Mulofwa celebrated her 50th birthday and, as the invitation put it, her ‘second life’. Today, a year later, she has five cycles of chemotherapy behind her. Apart from the hair loss she has had no major problems, she says. “No vomiting, no nausea, each time I just feel a bit weaker than usual for two days.”

She seems stronger than she did then, says Hermann, the alternative therapist who is still at her side. She is one of three complementary therapists whom Mulofwa still trusts. Her clear verdict is, “My life has been saved twice, and both times it was conventional medicine that did it,” and she deliberately courts publicity: “I want to spare other women what I have been through.”

Mulofwa still hopes that she can beat the cancer, with the help of her self-healing powers, with globules, herbs – and chemotherapy. 

\* The patient's name has been changed. This article was first published in *Der Spiegel* on 27 February 2012, and is published with permission © Bernhard Albrecht 2012