

5th World Congress on **Cancer Therapy**

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Yoga, cancer and healing: Exploring the mental, emotional and spiritual aspects of cancer

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“Yoga, Cancer and Healing” brings a new way of viewing cancer – the cause, development, treatment, and the language used, by examining the principles and practice of yoga to achieve a new path to healing this disease. Ms. Susan B. Smith (posthumously) and I present in tandem, giving the participants a view from both a medical and patient perspective on dealing with this disease, by reframing our awareness and attitude toward it. We explore in detail, the language surrounding a diagnosis of cancer, comparing how the conventional medical philosophy of treatment focuses on forceful, combative language, and how we can reframe this philosophy using the principles of yoga to embrace the healing power within.

Participants learn about the Yoga Sutras, 196 succinct lessons written by Patanjali between 500 & 200 B.C., which outline a basic plan for living, along with the 8-limb path of yoga, specifically the Yamas (control in relation to yourself and others), Asanas (physical postures) and Pranayama (conscious control of our breath).

We examine the definition and physiological causes of cancer and how this relates specifically to the practice of Pranayama and the concept of Prana on a cellular level. We discuss angiogenesis as a part of normal wound healing and explore the physical, mental, emotional and spiritual “wounds” suffered during our lives, and how yoga teaches us to resolve them to ultimately bring about healing. The 5 Kleshas, forms of deep suffering, are discussed and how they relate to the development of cancer and chronic disease.

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Germline, not Tumor, SNPs for Prediction (and possibly treatment) of Breast, Colon, Lung, Ovarian, Pancreatic, and Prostatic Cancer in Caucasians

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The oncology community, encouraged by the success of Gleevec® in CML, is focusing its attention exclusively on the tumor. The patient's germline DNA has been ignored. But we have found hundreds if not thousands of single nucleotide polymorphisms (SNPs) in the germline (somatic) DNA of patients with the six cancers mentioned above. Each patient has about a third of the SNPs shared by patients with the same pathological diagnosis. There is considerable overlap between cancers, but very few genes are involved in all six cancers. Germline SNPs are ideal for predictive diagnosis. The large number of germline SNPs shared by patients with the same cancer suggest that a major cellular program is involved. Differentiation is the most likely one. It appears that a tissue stem cell is stimulated to proliferate by tissue atrophy, clearly an age-dependent process (which would explain the striking age dependence of most cancers). Unlike embryonic differentiation, when there is an elegant grid of tissue transcription factors guiding the fate of proliferating cells, the proliferating tissue stem cell in the adult is largely on its own. Patients who develop one of the above six cancers, and perhaps most kinds of cancer, appear to have an imbalance favoring oncogenes over tumor suppressors. As described for 150 years, cancer is a failure of differentiation. The genes that we've uncovered may therefore guide differentiation therapy, especially for late-stage disease. This approach has the added advantage, besides possibly working, of being much less toxic than current cytotoxic therapy.

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