

A missing diagnosis in cancer patients - decreased antitumorigenic quantum energy (ATq)

Chun Yang, MD PhD

The current standard diagnosis of a cancer is a tumor focused approach. Cancer is usually diagnosed with an organ location (e.g. Lung cancer, Breast cancer, Prostate cancer, etc.), types (histology and often times with alterations at molecular level - mutated genes or other appeared tumor markers), and stage (most widely using TNM system for detail information about tumor, lymph node, and metastasis). A patient is also evaluated for physiologic reserve, which is a determinant of how the patient copes with the stresses imposed by the cancer and its treatment. The physiologic reserve is difficult to assess directly. Therefore, surrogates are used, which include patient's age, or daily living performance status such as Karnofsky performance index or Eastern Cooperative Oncology Group (ECOG) performance scale. For example, an older age with Karnofsky index less than 40 or ECOG scale over or equal 3 suggests a poor prognosis if the cancer's impacts are irreversible. Immune reaction and inflammation are generally attributed to a patient's physiological response toward cancer. However, for a regular cancer patient, detailed immune components and or inflammation mediators are never evaluated beyond certain blood routines. Big data of tumor genetics continues to support the fact that tumorigenesis is a gradual multistage of chain reaction. Any given solid cancer can harbor from a few to hundreds of gene mutations with a smaller number of oncogenes and much more of them tumor suppressors. Tumorigenic and antitumorigenic exist in a person's lifetime. Most of the time, antitumorigenic overly balances tumorigenic, and therefore, no cancer can form. When at a particular site in a particular organ the tumorigenic overcomes the antitumorigenic, a cancer forms. We have designated tumorigenic as tumor generating quantum energy, or simply tumor quantum (Tq). (Re: Yang, C. 2014. "Characterization of tumor quantum energy", an inquiry of a theoretic extension of energinity. Scholarly personal communications). Here we designate antitumorigenic as antitumorigenic quantum energy, or simply antitumor quantum (ATq). A diagnosis of cancer would also simply help to prove the diagnosis of decreased ATq. Therefore, here we introduce the concept of ATq. This defines the body focused approach. A plethora of factors and mechanisms can contribute to the decreased ATq of a body, in particular, a genetic network that keeps the antitumorigenic process function normally has been compromised. A proto-oncogene may have been there for years. Until it gains of function through mutation to become oncogene. However, ATq is usually high through tumor suppressor networks. Until the tumor suppressors gradually lose their functions, which define the possible mechanism of decreased ATq (oncogene gains function and tumor suppressor loses function), a cancer develops. ATq includes the ability to inhibit the primary cancer formation as well as its spread and metastasis. We intend to shift the mainstream thinking from tumor focused approach to both tumor and body focused approach.

Standard care of cancer treatment is trying to remove, kill, or reduce the tumor through external measurements such as surgical, chemical, radiation, immune, and biological therapies. To improve the standard of care, we increase ATq of the body and make it a high priority. Hence, a constructive model for cancer patients is proposed. (Note: During multiple conversations with physicians, we have also used a term "antitumorigenic strength" which is the same meaning as ATq.)

New perspectives in cancer clinic and research (2)

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Antitumorigenic quantum energy (ATq) often further lowered in cancer patients

Chun Yang, MD PhD

We have identified that a cancer patient is generally with low ATq, and in particular, a genetic network that keeps the antitumorigenic function normally has been compromised. See Yang C. 2016, "A missing diagnosis in cancer patients - decreased antitumorigenic quantum energy (ATq)". In fact, this decreased ATq can be further lowered in several ways. Here we take lung cancer at an advanced stage as an example for further elaboration. The diagnosis of a cancer itself can be an important factor to lower the already decreased ATq. This can often be the first additional blow (stress and distress) to the patient in addition to cancer itself. Suddenly, the patients know that they have lung cancer. The patients may soon learn that lung cancer is the number one cause of cancer death. The patients' early reaction to the diagnosis of cancer is often shock and disbelief, followed by a distress period, which is characterized by varied symptoms of anxiety, anger, and depression. As the patients to learn about their diseases, receive guidance, and consider options for treatment plan, they may enter into an adjustment phase. This mental and emotional suffering will mostly affect the ATq in a negative way. The typical grieving process has not recovered, even being long lasting. The standard early treatment, even some diagnosis procedures (e.g. general anesthesia used in diagnosis procedure, biopsy in advanced cancer, etc) may also add to further decrease ATq. The general anesthesia and surgery, chemotherapy, and or radiation therapy can all be

destructive to normal organs, tissues, and cells, and therefore, further decrease the ATq. Surgery remains the gold standard treatment for many patients. However, patients at advanced stage, for example, a cancer that has already spread to plural and medial sternal lymph nodes, may have a higher rate of recurrence even metastasis after surgery. After surgery, e.g. lobectomy which removed the tumor within a lobe of the lung, a dissection of the medial sternal lymph nodes discovers positive cancer cells, the patients may subject to further chemo and or radiation therapy. A typical chemo or radiation therapy will be several cycles, which can weaken the patients through each cycle. This further decreased ATq can not only lead to the cancer formation / recurrence, spread, and metastasis, but also significantly increase the mortality of cancer patients. Some patients simply could not tolerate the standard treatments of surgery, chemo, and or radiation therapy. Some patients can be cancer without disease, meaning the patients do not have any symptoms nor physical signs but their cancers are discovered accidentally. However, the toxic and other side effects of standard diagnoses and treatment can actually cause the patients into a disease status. In particular, at the time of detection, some patients may learn that their cancers are already incurable according to standard of care. Therefore, these patients may refuse to the standard diagnosis and treatment but prefer to try alternatives that do not have severe toxic or side effects.

New perspectives in cancer clinic and research (3)

December 31, 2016

A constructive model for cancer patients

Chun Yang, MD, PhD

We have recently identified the missing diagnosis in cancer patients - decreased antitumorigenic quantum energy (ATq). The decreased ATq is often further lowered by current standard diagnosis and treatment. If the decreased ATq can be diagnosed, can it be treated? Can the decreased ATq be increased? How to increase the ATq? We initially thought to just help patients to engage physical therapy and psychological consultation to gain strength for a better toleration of the severe side effects even toxic effects of a standard cancer treatment (surgery, chemo, and or radiation therapy). Both physical therapy and psychological consultation, however, are not standard practice in adult cancer patients currently. During the process of assisting a senior patient, an 81 year old grandmother with lung cancer (image and clinical diagnoses) becomes the prototype of this model. While we are designing personalized medical care for the patient, we realize that a patient focused approach in cancer care - a constructive model can be initiated. We rationale that an idea way is to identify the changed specific quantum energy in cancer

patient - the increased tumor quantum energy (Tq) (e.g. an oncogene) and the decreased ATq (e.g. a loss of function of tumor suppressor), and using the specifically altered quantum energy to treat the tumor and the patient. It is however, currently unavailable. After much study of literature and much thought experiment, we conclude that an increase of physical and mental strength should also decrease Tq and increase ATq. Further working on the initiative, we have developed three core principles in this constructive model for cancer patients.

1. Building up the patient both mentally and physically. Rather than placing the patient on an immediate treatment regime, for example, a surgery, a chemo, a radiation, a targeted therapy, an immunotherapy, and or an ablation, a minimally invasive therapy such as radiofrequency ablation (RFA), microwave, or cryoablation, we help the patient to make a lifestyle change plan. Although the patient's physicians advise the patient for early standard treatment, even the patient's family member encourages the patient to do so, the patient herself insists to try a conservative care first. The patient has cancer without disease. This means the patient does not have any symptoms or physical signs, but the cancer is accidentally discovered by an image (chest CT). Peer physicians conclude the cancer is incurable. Without any treatment, the patient is predicated to live for 4-7 months. With best standard treatment – the patient is predicted to live for 11 months. We, therefore, design for the patient mental and physical exercises. The mental exercises aim to help the patient quickly recover from the grieving process, making sure the patient quickly develop positive mental energy toward cancer. The physical exercises aim to help the patient quickly gain physical strength. Other lifestyle issues include nutrition, daily activity schedule, etc. are all addressed. According to the patient's condition, the length of the treatment plan is determined. The first period for this patient is three months.

2. Observing the tumor's response. Repeated CT shows - tumor grows slowed, density increased, and shape less irregular - more round (Yang, C. August 2016. "The VIP patient - can lifestyle change make a difference in cancer treatment?" Scholarly personal communication). We call these three features tumor's response triad. Media sternal lymph nodes stopped continuing enlargement. Pleural involvement does not show any increased sign. Both CT and ultrasound do not show effusion. The patient prefers to continue delaying tumor biopsy. We suggest multiple blood tests, both clinical and investigational, which include circulating tumor cells (CTC), repeat BRAF assay (mutation already detected), CEA, SNE, SCC, PD-L1, CA125, CA19.9, etc. We also suggest CEUS. We conclude the treatment has decreased the Tq and increased the ATq. However, according to the standard practice, physicians including radiologists, primary care physicians, surgical and medical oncologists all conclude that this patient has failed with the constructive model. They only concern if the tumor is increasing in size or not. This standard practice is also missing an important correct measurement in evaluation of the tumor. Hence, we have to point out where they have been incorrect in evaluating this patient. After they have learned from us, they turn to appreciate and agree with us, and encourage to continue.

3. Assisting the fight. Since the tumor continues increasing its size, though it is slower than predicted, we have physicians of standard treatment of surgery, chemo or and radiation therapy closely communicated. At the same time, we are actively communicating with other physicians for less invasive treatment, such as ablations. We make sure a current standard treatment for the patient is always

available when the patient needs, including targeted therapy. We also suggest to work with pathologist, physical therapist, psychiatrist / psychologist, and other professionals as the patient may need.

After more than eight months conservative treatment with this constructive model for cancer patients, the patient remains without any symptoms and physical signs of lung cancer. The patient's mental and physical strength has gradually increased as time is passing by. The physiologic reserve of the patient, therefore, is also gradually increasing. The Tq is decreasing and the ATq is increasing in this patient.

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