

TREATMENT OF CANCER USING WESTERN PSYCHOLOGICAL TECHNIQUES FOR STRESS MANAGEMENT COMBINED WITH ZHI NENG MEDICINE QIGONG AND HERBS

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ABSTRACT

A pilot study was designed to investigate the role and efficacy of Zhi Neng Medicine Qigong and Western psychological techniques of stress management as a plausible complementary treatment of cancer. The Mars Venus Institute and the International Institute of Zhi Neng Medicine were the co-sponsors of the study, which began on November 1, 2000 in San Francisco, California, USA. Three times a week, for three months, 30 patients suffering from various types of cancer in various stages (mostly stage 3 and 4) were treated in a group by the regimen of Zhi Neng Medicine Qigong combined with Western psychological techniques for stress management. Patients received individual acupuncture treatments and/or herb prescriptions and practiced Zhi Neng Medicine Qigong for at least 1 hour each day at home. Stress management techniques were applied throughout the day as needed. Stress management included cutting back on sugar, drinking more water and going for regular walks to discharge stress and recharge in nature. Specific meditations, visualizations and spiritual prayer were practiced to release negative emotions and activate the body's self-healing capacity. No particular belief in God or religious affiliation was required. Some patients concurrently received Western medical treatment from cancer specialists. Retrospective analysis of data from the study shows that most of the patients exhibited improvement in general well being, an increase in optimism and energy level, as well as improvement of systemic cancer symptoms. The mean value of the Karnofsky score increased from 78.2 (pre-study) to 85.52 (post-study), with p value 0.017. The mean value of the EORTC Quality of Life score increased from 4.26 (pre-study) to 5.12 (post-study), with p value 0.015. In several cases, image studies (CT / MRI) confirmed marked reduction or complete remission of neoplastic lesions. Some of these patients received no other treatment outside the study. The study treatment was well tolerated and no complications arose. The results of this pilot study confirm the validity and efficacy of combining Zhi Neng Medicine Qigong and Western psychological stress management techniques in treating cancer.

THEORETICAL BACKGROUND

Zhi Neng medicine, founded by Grandmaster Dr. Zhi Chen Guo, is based on three fundamentals: (1) Master Guo's Cell theory, (2) Master Guo's Field theory and (3) Master Guo's Energy theory. These are in close connection with the traditional Chinese medicine philosophies of Yin and Yang and the Five Elements theory.

Guo's Cell theory states that cells vibrate constantly, expanding and contracting. As a cell contracts, matter within the cell is transformed into energy outside the cell. This radiated energy creates an energy field around the cell. The state of cellular vibration and energy and of these energy fields is reflected in the physical condition of the organs and the body. An excess of energy around the cells denotes increased metabolic activity like pain, inflammation, infection or cancer growth. Conversely, a deficiency of energy around the cells represents hypofunction, degeneration and atrophy.

Guo's Field theory explains that as cells have energy fields around them, the sum of these cell fields in one particular organ represents the energy field of that organ. In this way, each organ has its own characteristic energy field. Finally, as organs are enclosed in the body, they create the energy field of the body, together with the energy field of the mind.

Guo's Energy theory offers the explanation of how organs influence each other. The spaces between the organs are filled with their combined energy fields, similar to the spaces between the cells in each organ. Energy flows between cells and between organs in a particular manner, well described by the Five Elements theory. As a general rule, energy flows from the area of high energy intensity towards the area of low energy intensity. The cause of illness is either an excess or a deficiency of energy. An excess of energy leads to concentration and blockage of the energy flow, which will further increase the amount of energy in the clogged area, leading to further deterioration. For recovery from illness to occur in this case, the high/excess energy fields must be dissipated by special techniques like self-adjustment or mutual energy adjustment within a group.

Yin Yang theory can be a topic deserving its own treatise; therefore, we note only that the Yin / Yang relationship permeates the entire universe. If we consider the galaxy, the solar system or even the minute structure of an atom, the pattern is the same: positive Yang within, negative Yin circling around. We consider Yang as a function and Yin as a matter. Taking this analogy to its natural conclusions in medicine, we can understand the energy situations in

various disorders and strive for appropriate energy interventions.

Similarly, we will touch the theory of Five Elements only briefly. The five major organs in the body (liver, heart, spleen, lung, kidney) are in precise relationships not just anatomically, but from the energy perspective as well. The flow of energy through the organs follows a definite pattern. If this pattern is disturbed at any one point, inevitably the whole system will be affected. More so, as the energies of the organs differ from each other, they affect one another in very characteristic ways, as described in this theory.

As a representative of Grandmaster Dr. Guo, the founder of Zhi Neng medicine, Dr. Sha has further contributed with his concept of Power Healing. We can summarize Power Healing as comprised of three major concepts: (1) Concept of illness, (2) Concept of healing and (3) Concept of Power Healing.

What is illness? In essence, illness is a blockage in the flow of energy at the physical, emotional, mental or spiritual level.

What is healing? Healing is the process of removing the blockage in the flow of energy at the physical, emotional, mental or spiritual level.

These two concepts are in intimate connection with traditional Chinese medicine.

What is Power Healing? Power Healing is healing through the power of the universe. Everything in the universe has the power to heal. As shown in the slides for the presentation accompanying this paper, the structure of the solar system is exactly the same as the structure of an atom. Therefore, there is the same possibility to use this structural energy potential from the solar system as we can use the structural energy at the atomic level. In our understanding, a human being is not just a part of the universe, but in fact, represents a “micro universe”. Whatever happens in the “greater” universe (the universe proper), happens in the micro universe as well – in every human being. We can use the energy of the sun, the moon, a lake, the sea, a mountain and divine beings. Everything has a power. Power Healing is the communication with this power! We can establish the healing process, we can remove blockages in energy flows, by this communication. There are special words or special sounds which, used in a very particular way, can cause mutual interactions between body energy fields and universal fields.

MATERIAL AND METHOD

The goal of our study was to investigate the role of Western psychological techniques and Zhi Neng medicine Qigong in the treatment of cancer. We set out to apply these techniques and measure the effects on the group of 26 patients in 3 months of intensive group therapy and directed individual practice. We further intend to follow their progress for 2 years altogether.

As outcome measures we selected the Karnofsky score, the EORTC Quality of Life score, the changes on Imaging studies and laboratory values.

Inclusion criteria

Patients must be 18 years or older, must have a diagnosis of active cancer, must agree with the protocol of the study, must sign informed consent and must be approved into trial by the study oncologist.

Exclusion criteria

Karnofsky score less than 50, pregnant or nursing, unable to follow the study protocol.

One patient died 2 weeks after entering the study, so finally we followed only 25 patients.

There were 18 women and 7 men.

The ages of the patients were distributed as follows: 38% 41-50, 45% 51-60, 17% 61-70. As we can see, most of the patients were in most active adult age 41-60.

The diagnoses of patients

Solid Cancer: 22 subjects as follows: Breast: 11; Colon 3; Lung 2; Liver, Testes, Ovary, Parotid, Prostate and Skin each 1. In addition, there were 3 blood cancers (Hodgkin's Lymphoma).

Duration of illness: 40 % <1 yr; 36% 1-4yrs, 16% 4-8yrs, 4% 12yrs and 4% 28yrs.

The stage of cancer was stratified as follows: Gr. I: 17%, Gr. II 26%, Gr. III 13%, Gr. IV 44%.

This reflects in Karnofsky score: 8% 51-60, 24% 61-70, 44% 71-80, 16% 81-90, 8% 91-100.

Quality of Life score was: 4% 1, 4% 2, 28% 3, 28% 4, 12% 5, 25% 6, and none 7.

As can be seen from the above diagnostic data, we have been dealing with very aggressive illnesses. Most of the subjects had cancer for a relatively short time and yet the stage of disease was mostly advanced and Quality of Life scores were mostly low.

All patients had other types of treatment either before the study or, in some cases, at the same time as our study. The other types of treatment were mostly conventional western medicine like Surgery (20 patients), Chemotherapy (22 patients) and Radiation (12 patients). Obviously, some patients received 2 or all 3 western treatment modalities. A few had immunotherapy or hormonal treatment. Some had herbal treatment prescribed by other alternative practitioners.

TREATMENT

The treatment modality used in this study is comprised of two distinct and complementary, yet related, sets of techniques:

- (1) Dr. Gray's western psychology techniques and
- (2) Dr. Sha's Zhi Neng medicine techniques.

Treatment by both Dr. Gray and Dr. Sha was offered to the patients at no cost. The data collection, analysis and presentation of data were done on a volunteer basis for no cost.

The treatment protocol consisted of 2 types of treatment:

- A) Healing within the Group, in meetings 3 times a week for 12 weeks and
- B) Individual Home Self-Healing, which was and is being done by daily by the patients.

During the group healing, patients underwent and performed:

- (1) Dr. Gray's Spiritual Healing, which consisted of:
 - (A) Prayer to Universal Spirit and
 - (B) Communion with Roses.

Additionally, patients were encouraged to take frequent walks in nature on their own, to cut down on sugar consumption and to drink at least 8 glasses of water per day.

(2) Dr. Sha's Zhi Neng medicine healing, which consisted of prayers to divinity and performing Zhi Neng medicine Qigong combined with mantra chanting. Then, each patient in turn received healing from the whole group by means of energy channeling. Later at home, patients continued with daily Zhi Neng medicine Individual Self-Healing with similar prayers to divinity, Zhi Neng medicine Qigong with mantra chanting and energy channeling. Some patients also received a prescription for an herbal formula.

RESULTS

In this paper, we are presenting analysis of data from first 3 months of the study, which was the intensive group healing work. Hence, this can be considered an interim report, as we intend to follow up on the group's progress for a total of two years.

To analyze the response of the group to treatment in terms of quality of life, we used two measures. The Karnofsky score was used as an objective measure. It was estimated by a physician at the beginning and at the end of the initial 3-month group healing. As a subjective measure, we used the EORTC Quality of Life questionnaire. Each patient completed the questionnaire as he best perceived his status immediately before and immediately after the 3-month group healing sessions.

Karnofsky score system

100%	Normal, no complaints No evidence of disease
90%	Able to carry on normal activity Minor signs / symptoms of disease
80%	Normal activity with effort Some signs / symptoms of disease
70%	Cares for self Unable to carry on normal activity or do active work
60%	Requires occasional assistance, but Able to care for most of own needs
50%	Requires considerable assistance and frequent medical care
40%	Disabled; requires special care
30%	Severely disabled; hospitalization
20%	Very sick, hospitalization necessary Active supportive treatment necessary
10%	Moribund, rapid fatal progression
0%	Dead

The **EORTC Scoring System** was developed and has been used in Europe for several decades, becoming a well established and verified scientific tool. It has been gaining increasing popularity throughout the world in recent years. The EORTC Scoring System studies 3 groups of scales: Global Health and Quality of Life scale, Functional scales and Symptom scales. These are as follows:

(a) Global health status / QoL

QL2- Global health status / Quality of life

(b) Functional Scales

PF2 - Physical Functioning

RF2 - Role Functioning

EF - Emotional Functioning

CF - Cognitive Functioning

SF - Social Functioning

(c) Symptoms Scales

FA - Fatigue

NV - Nausea / Vomiting

PA - Pain

DY - Dyspnoea

SL - Sleep disorders

AP - Appetite loss

CO - Constipation

DI - Diarrhea

FI - Financial difficulties

Patients were asked to answer the 30 questions on the questionnaire and to estimate on a scale from 1-5 how they are feeling regarding different aspects of their health and lives. After 3 months of our interventions, they completed the same questionnaire and our comparative analysis reveals whether there are any significant changes. We analyzed the data from the whole group using the statistical program Minitab. For a difference analysis we used ANOVA test, for correlation analysis we used Stepwise Regression analysis.

No complications were reported from our treatment. We found improvement in all EORTC categories and in the Karnofsky Score. Several EORTC categories Improved, but without statistical significance: Physical Functioning (PF), Role Functioning (RF), Social Functioning (SF), Dyspnoea (DY) and Diarrhea (DIA). Statistically significant improvement was seen in following categories: Karnofsky score, Quality of Life / Health Score, Sleep (SL), Appetite Loss (AP), Nausea / Vomiting (NV), Fatigue (FA), Pain (PA), Emotional Functioning (EF), Cognitive Functioning (CF), Financial Difficulties. The results are summarized in Table I

below.

Table I
EORTC Difference - Beginning vs. 3 Months later
(by ANOVA)

Scale	Mean 0 months (SD)		Mean 3 months (SD)		P value
QoL	4.26	(1.32)	5.12	(1.06)	0.015*
PF	1.56	(0.49)	1.53	(0.57)	0.834
RF	2.04	(0.73)	1.94	(0.85)	0.660
EF	2.41	(0.72)	1.96	(0.59)	0.021*
CF	2.04	(0.84)	1.80	(0.75)	0.292*
SF	2.36	(0.87)	2.18	(1.17)	0.520
FA	2.47	(0.71)	2.27	(0.76)	0.320*
NV	1.30	(0.55)	1.14	(0.33)	0.220*
PA	1.86	(0.84)	1.68	(0.87)	0.460*
DY	1.84	(0.80)	1.76	(0.83)	0.730
SL	2.16	(1.027)	1.84	(0.94)	0.270*
AP	1.64	(0.81)	1.36	(0.56)	0.164*
DI	1.36	(0.56)	1.32	(0.62)	0.810
FI	2.80	(1.08)	2.48	(1.19)	0.320*

* denotes a statistically significant p value

Table II
Karnofsky Score Difference - Beginning vs. 3 Months later
(by ANOVA)

Scale	Mean 0 month (SD)		Mean 3 month (SD)		P value
Karnofsky	78.2	(11.35)	85.56	(9.56)	0.01*

* denotes a statistically significant p value

We correlated Improvement in Quality of Life to several demographic categories. Statistically significant correlation was seen with the Karnofsky score before treatment, the degree of metastatic progress and the duration of meditation at home. The better the Karnofsky before treatment, the better improvement was seen. The patients who had local disease only fared the best. If however there

was local metastasis to the lymph nodes, there was generally less improvement. If metastasis to organs was present, there was generally the least improvement. The degree of improvement depended strongly on the length of Qigong meditation done at home. The longer the patient meditated, the better the improvement noted.

We observed weaker correlation of Quality of Life improvement with age (older patients fared worse), duration of the cancer (the longer the duration, the less improvement), surgery (patients with surgery fared worse), the stage of cancer (the higher the stage, the worse the patient did).

Sex of patient, referral mode, chemotherapy, radiation therapy or other therapies (other alternative modes) did not produce any major effect on recovery.

Table III
Correlation of Demographic Data to Improvement of Karnofsky Score
(by regression analysis)

Scale	Correlation	P value
Karnofsky (starting)	-0.441	0.003*
Age	-0.382	0.199*
Sex	-2.193	0.593
Referral mode	-1.021	0.564
Duration of cancer	-0.363	0.276*
Stage of cancer	1.090	0.390*
Metastases	0.118	0.945
Surgery	-10.473	0.044*
Radiation	4.245	0.289*
Chemotherapy	6.695	0.234*
Sha Therapy	0.720	0.162*
Home Therapy	0.950	0.706

* denotes a statistically significant p value

Psychological observations showed that after 3 months of treatment patients become less "at war" in their attitudes and life stance. The idea of cancer as an enemy within softened. Patients gained improved self-worth and strength from the group healing sessions. Family members observed dramatic changes in patients' attitudes and statements - patients become more hopeful and less afraid. The patients' attitude towards their future outlook improved to the point where several of them went on trips, something unimaginable before. All patients felt enormous gratitude to the study and to both master healers.

Even though this paper and its related presentation are focused on quality of life issues, we would mention that for several patients we received reports of decrease or disappearance of cancer on images. We briefly discuss one of these subjects. A 23-year-old female was diagnosed with right breast Aden carcinoma in July 1997. In 1997, she underwent a mastectomy, followed later by radiation surgery for a metastatic lesion in her liver. This was followed by chemotherapy with Tamoxifen and she was placed on salvage hormonal therapy with Letrozol in May 2000. A CT scan done on January 18, 2001 (more than halfway through the initial phase of our study) confirmed new metastasis in the posterior superior lobe of her liver. A follow up CT scan study on April 12, 2001 found no metastatic lesions in her liver anymore. This patient was doing between 1-2 hours of Qigong meditation daily at home, in addition to the group healing.

DISCUSSION

With the recent upsurge of alternative methods like Qigong in the treatment of cancer, three important issues emerged.

(1) In order to accept these new methods, ultimately the only criterion of their usefulness is proof of curative effects. Little attention is paid to beneficial effects on quality of life. Interestingly, many specialties in conventional medicine focus only on quality of life without any objections. For example, surgical implantation of an artificial knee does not cure the disease underlying the deterioration of the knee; it only improves quality of life. No antiarrhythmic medication cures arrhythmia, but by suppressing it, the medication improves quality of life. Hopefully, this bias will be overcome in time.

(2) Alternative practitioners have almost no access to conventional medical establishments and therefore evidence of cancer recovery or alternatively, the failure of treatment, cannot be completely documented. For example, for a Qigong practitioner, it is very difficult to order and obtain image and laboratory tests on his patients.

(3) Qigong masters possess incredible skills which take many years to master. Yet, most of them are unfamiliar with methodologies of clinical research and consequently, the results are reported in such unscientific ways as case reports and testimonials, with many important facts missing. To opponents of the field, this only serves to "prove" the inadequacy of the method as a whole. Our study hopes to offer Qigong practitioners a simple and user-friendly scientific tool whose scientific validity cannot be disputed. EORTC measures "only" quality of

life, but in our minds, if Qigong could do nothing more than “only” improving the quality of life in cancer patients, it is a very useful method already.

CONCLUSION

This pilot project has documented significant improvement in quality of life following 3 months of Western psychological methods and Zhi Neng medicine Qigong in the treatment of cancer. The outcome measures used were Karnofsky score and EORTC score. The major drawback of the study has been identified to be the lack of access of investigators to conventional imaging and laboratory testing. Our results have been so encouraging, that a broader study of the subject is fully justified. In the future we plan to document life prolongation by means of long term follow up, to study long term impact on the life quality improvement (EORTC), to study possible cancer regression with help of serial CT / MRI / US. Additionally we plan to study real time changes in Images (ultrasound), changes in laboratory values and measurement of Qi quantity and quality following the treatment.