

A Paradigm Shift in Cancer Care: The Iowa Mind Body Institute

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Cancer exists in a dormant state in all living organisms. This has likely been true since our existence. Our bodies are constantly making defective cells that are held in check by our immune system. When our immune system is weakened by either genetic or environmental factors, tumors are born. The prevalence of certain cancers differs dramatically across different countries. For example, breast, prostate, and colon cancer is nine times more common in the United States and Northern Europe than in Korea, China or Laos. One common myth is that cancer is simply a play of genetics. However, a significant percentage of cancer induction is related to the environment. One particular study looked at women from China, where breast cancer is relatively uncommon. These women were tracked as they moved to San Francisco, a region of significantly higher risk for breast cancer. The immigrant women were found to have a significantly higher risk of developing breast cancer after moving to San Francisco compared to those who stayed in China, suggesting a correlation to the environment and not simply genetics.

What are these environmental factors? According to Dr. David Servan-Schreiber, author of “Anti-Cancer”, there are several potential contributing factors including: 1) The addition of large quantities of refined sugar in our diet, 2) Changes in methods of raising animals and farming and, as a result our food, 3) Exposure to chemical products that did not exist prior to 1940, and 4) Increased psychological and emotional stress without appropriate coping mechanisms.

We cannot say for certain when the first documented case of cancer existed, however, Dr. Siddhartha Mukherjee, author of “The Emperor of All Maladies”, very eloquently describes the knowledge of cancer as early as the ancient Egyptians. In 1862, an old papyrus was found that was thought to contain the collected teachings of Imhotep, the revered Egyptian physician who existed around 2625 BC. The found papyrus had forty-eight cases written by Imhotep that listed certain pathologies along with treatment. Each case had its own diagnosis, anatomical glossary, treatment and prognosis. Case number forty-five described a case of “bulging masses” on the breast. Imhotep was, according to Mukherjee, describing breast cancer. Even more interesting, was that as every case had a concise discussion regarding treatments such as balms for burns, and poultices for

wounds, Imhotep was unusually silent on case number forty-five. Under the “treatment” section he only had a single sentence: “There is none.”

Fortunately, cancer therapy has significantly advanced over the past twenty years. Robotic surgery has allowed for minimally invasive procedures and faster recovery times. Stereotactic radiation has allowed for precise, pinpointed radiation therapy. Chemotherapy has become more targeted allowing more specific therapies for particular cancer types. However, if the internal and external environment has not changed, what is stopping cancer recurrence after these advanced therapies? One study from the Journal of Clinical Oncology looked at 2000 breast cancer survivors. The study found that emotional support was a strong predictor of cancer recurrence. Women who reported high satisfaction with marriage and family had a 43% risk reduction, while those with “favorable interpersonal relationships” had a 35% risk reduction. Another recent review study of breast cancer patients found that exercise was associated with a 34 percent lower risk of breast cancer deaths and a 24 percent lower risk of breast cancer recurrence.