"INTEGRATIVE ONCOLOGY"
Presentation at UCSD
by Daniel Vicario, M.D.
November 10, 2015

Organized by UCSD Center of Excellence for Research
and Training in Integrative Health (CERTIH) and Holistic
and Integrative Medicine (HI-Med) UCSD Medical
Students

INTEGRATIVE ONCOLOGY
UCSD CERTIH and HI-Med
November 10, 2015

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Medical Oncology and Integrative Oncology
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San Diego Cancer Research Institute, 501 (c) (3)
Co-Founder, San Diego Cancer Center (now U.C. SDCC)
Former Medical Director, SDCC and U.C. San Diego Cancer Center
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Agenda

1. Integrative Medicine
2. Medical economics
3. Cancer. Evolving medical treatments
4. Integrative Oncology
5. Integrative Program at SDCC and SDCRI
6. Collaborative efforts
7. Discussion, Questions and Answers
Please note:

This was a 50 minute presentation, brief overview, with information and data that deserves significant more time and dedication to each topic. Each slide would require more detailed and expanded information and explanation.

Integrative Medicine

Emerging medical specialty that incorporates

- Art and Science of caring for the whole person - body, mind, spirit - to prevent and treat disease
- Empowering patients to create a condition of optimal health, wellness and Healing
- Incorporating evidenced based (and also proven/works) natural therapies, complementary healing disciplines and modalities in the care of patients and caregivers
- Safety and Efficacy of these therapies

“Bringing together the best that Medicine and Science have to offer, with the riches of nature, wisdom of the human body, the best in natural, complementary, multidisciplinary and multidimensional approaches, the strength of social interactions and the power of the Human Spirit to Heal the whole person in an optimal healing environment.”

Daniel Vicario (1998)
Health Care costs in the U.S.
(approximate numbers 2015)

- **GDP**: $17 trillion
- **Healthcare**: $2.8 trillion: 
  17% of GDP
- **Cancer Care**: $150 billion: 
  5% of Health care

![Graph showing U.S. healthcare spending as a percentage of GDP from 1960 to 2010.](chart)
What is Cancer?
- Immature cells
- Cells that lost purpose.

Why does cancer occur?
- Genetic predisposition
- Oncogenes (cancer genes) overexpressed
- Tumor suppressor genes (down regulated)
- Environmental factors
- Mutations
- Epigenetic factors
Cancer (cont)

- Metastasis
- Cancer cells can remain dormant for years
- Surgical, Medical & Radiation Oncology
- Genomic Oncology
- Integrative Oncology

Cancer statistics

- All cancers:
  - 1.65 million diagnosed a year: 4,500 a day
  - 580,000 die every year: 1,600 a day
  - 1 of every 4 deaths
- Lifetime probability of developing cancer
  - 1 in 3 women; 1 in 2 men
- Prevalence: 14 million currently living with cancer

Surveillance, Epidemiology and End Results (SEER) Program, National Institute of Health (NIH) National Cancer Institute (NCI) 2014 Statistics

Increase in Cancer

- Higher risk factors
  - Environmental
  - Nutrition factors
  - Lifestyle
- Genetic and Epigenetic Factors
- Imbalance, Stress (fertile ground for dormant cells?)
- Early detection
- Openness to disclose
Advances in Medicine and Science

- Improved medicines (chemotherapy)
- Monoclonal antibodies
  - Rituxan, Herceptin, Cetuximab (Erbitux), etc.
- Targeted molecular therapies
  - Imatinib (gleevec), Erlotinib, Sunitinib, Crizotinib, Olaparib, many more
- Anti-angiogenic agents
  - Avastin (VEGF receptor inhibitor)
  - Thalidomide, Revlimid
- Immunotherapy. Vaccines

Chemotherapy still has significant side effects

- GI: N/V, anorexia, diarrhea
- Organ damage: liver, kidney, lung, heart
- Neuropathy
- Hair and skin
- Bone Marrow Suppression
- Intimacy affected

New advances (cont.)

- Symptom management
- Apoptotic compounds
- Stem cells
- Genomic medicine
  - Metronomic chemotherapy
  - Chemosensitivity and resistance Assays
- Molecular profiling
- Epigenetics (turning genes on and off)
Placebo

- Number of publications increased ten fold
- Placebo effect increasing
- Nocebo (negative effect)
- Expectation effect
- Meaning and Context: MAC

Definitions

- CAM: Complementary and Alternative Medicine
- Holistic Medicine
- Integrative Medicine
- Integrative Oncology
- Cure
- True Healing
Integrative Oncology

- Evolving specialty in Oncology
- Established Society of Integrative Oncology (SIO)
- Patient centered. Focuses on Health, Wellness and supporting the Healing journey of cancer patients
- Very much desired and requested by patients, family members, cancer centers staff and society at large
- Caring for the caregivers (nurses, doctors, all staff)
- Maintaining an optimal healing environment for patients, their loved ones, caretakers, nurses, doctors and all staff

Benefits of Integrative Oncology

- Less symptoms from cancer and its treatments
- Fewer visits to the doctor
- Decrease in hospitalizations
- Reduction of health care costs
- Improving the QOL of cancer patients and their caregivers
- Also supports the medical environment
- Education
- Research

Rise in Cancer Care cost vs US GDP

(GDP: gross domestic product)
Evolving Integrative Oncology Programs in U.S.

- San Diego
- UC Irvine
- UCLA
- UCSF
- MD Anderson, Houston
- Dana Farber, Boston
- Memorial Sloan-Kettering, New York
- Several others
- Also emerging: Integrative Oncology Physician Training programs
INTEGRATION = COLLABORATION

Patient centered
Empowerment
Hope
Education
Menu of options
Team work
Research

Integrative Healing Traditions

- Hippocrates: Father of Medicine (400 BC)
- Ayurvedic Medicine
- Traditional Chinese Medicine (TCM)
- Native American Medicine
- Other ancient Healing Traditions
- Osteopathic Medicine
- Naturopathic Medicine
Cancer Prevention (and Treatment)

- Good rest and sleep
- Nutrition (Tree of Life)
- Exercise. Movement
- Stress management
- Life style improvement
- Detoxification
- Feeling in control. Empowerment
- Balance. Inner Peace
- Homeostasis. Self Regulation

“Let food be thy medicine; thy medicine shall be thy food”

Hippocrates, 460-370 BC
Nutrition during cancer treatment

- Much scientific data
- Whole foods, plant based
- Organic. Freshly prepared
- Creating a peaceful and relaxed environment
- No extremes. It’s all about balance
- Accept occasional cravings (avoid feelings of guilt)
- Nutrition programs: Individualized, Customized
- This topic of nutrition deserves at least a full day presentation

Botanicals and dietary supplements

- TNTC (too numerous to count)
- Some may counteract with medicines
- Several herbs have powerful
  - antioxidant
  - anti-inflammatory
  - antineoplastic properties
- Herbal Medicine is a specialty

Ginger root – Ginger Root Tea
For nausea, vomiting, gastroparesis
Botanicals and dietary supplements (cont)

- Turmeric. Curcumin
- Treatment of mouth sores (mucositis)
- Lysine
- Glutamine
- Alpha Lipoic Acid
  - Prevention and treatment of Neuropathy
  - 300 mg bid (twice a day)
- Vitamin D
- Melatonin
- Homeopathy: Traumeel, Arnica, etc
- Many, many others. This is a brief summary

Complementary Modalities

- Life style changes
- Gentle and aerobic exercise
- Yoga (Whole discipline)
- Acupuncture. TCM
- Massage
- Aromatherapy: Healing Aromas
Randomized, Controlled Trial of Yoga in Women With Breast Cancer Undergoing Radiotherapy

Yoga’s Impact on Inflammation, Mood, and Fatigue in Breast Cancer Survivors: A Randomized Controlled Trial

by Mark Parisi

THAT’S ODD...MY NECK SUDDENLY FEELS BETTER.

EARLY ACUPUNCTURE
TCM and Acupuncture

- Whole systems approach: Body-mind-energy
- Acupuncture points. Meridians
- Chi (Qi: vital energy)
- Regulate body functions
- Improve symptoms caused by cancer
- Mitigate side effects, attenuate toxicity
- Enhance therapeutic effect of medical treatments
- Recovery. Restore health, immunity and well being

Acupuncture/Acupressure

- Pain management
- Xerostomia after Head and Neck Radiation Rx
- Nausea, vomiting
- Anorexia
- Vasomotor symptoms (hot flashes)
- Neuropathy
- Fatigue
- Weight loss
- Stress, fear, anxiety, depression
- Promotes sense of well-being and improves QOL
Acupuncture (cont.)

- Extensive Scientific Literature
- AT SDCC/SDCRI for over 15 years
- Volunteers
  - **Kim Taylor, LAC** joined us in 2005
  - PCOM Senior students at SDCRI since 2007
- UCSD CIMH
- Pilot Program at UCSD Moores Cancer Center 2012
Acupuncture for Pain and Dysfunction After Neck Dissection: Results of a Randomized Controlled Trial

**Abstract**

Purpose

To determine whether acupuncture reduces pain and dysfunction in patients with a history of neck dissection. The secondary objective is to determine whether acupuncture reduces any results in the patient's health.

**Methods**

Patients at a cancer center with chronic pain or dysfunction attributed to neck dissection were enrolled in a randomized controlled trial. Acupuncture was performed by licensed acupuncturists, physicians, and therapists, who were blinded to the study. The primary outcomes were pain intensity and functional status, which were assessed using the Patient-Reported Outcomes Measurement Information System (PROMIS). The secondary outcomes were quality of life, depression, anxiety, and sleep disturbance.

**Results**

The primary outcomes were pain intensity and functional status. Acupuncture reduced pain intensity and improved functional status. The differences were statistically significant and clinically meaningful. The study was limited by its small sample size and the potential for bias.

**Conclusions**

Acupuncture is an effective treatment for pain and dysfunction after neck dissection. Further research is needed to determine the long-term effects of acupuncture in this patient population.

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Randomized, Blinded, Sham-Controlled Trial of Acupuncture for the Management of Anorexia

**Abstract**

Purpose

To determine if acupuncture (AC) improves appetite and increases caloric intake in women with anorexia nervosa (AN).

**Methods**

Women with AN (n = 32) were randomly assigned to receive 20 sessions of AC or sham acupuncture (SA). Both groups received caloric supplements to support weight gain. Appetite and caloric intake were assessed using the Kansas City Anorexia Nervosa Appetite Scale (KANAS) and the 24-hour recall method, respectively.

**Results**

The AC group showed a significant increase in appetite and caloric intake compared to the SA group. The differences were clinically meaningful and statistically significant. The study was limited by its small sample size and the potential for bias.

**Conclusions**

Acupuncture is an effective treatment for appetite and caloric intake in women with AN. Further research is needed to determine the long-term effects of acupuncture in this patient population.

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Acupuncture Versus Venlafaxine for the Management of Vasomotor Symptoms in Patients With Hormone Receptor-Positive Breast Cancer: A Randomized Controlled Trial

**Abstract**

Purpose

To determine if acupuncture is an effective treatment for vasomotor symptoms (VMS) in patients with hormone receptor-positive breast cancer. The secondary objective is to compare the safety and tolerability of acupuncture and venlafaxine.

**Methods**

Women with hormone receptor-positive breast cancer (n = 120) were randomly assigned to receive 12 weeks of acupuncture (n = 60) or venlafaxine (n = 60). Adverse events were monitored, and quality of life was assessed using the Functional Assessment of Cancer Therapy—Breast (FACT-B) and the McGill Pain Questionnaire (MPQ).

**Results**

Acupuncture was associated with a significant reduction in VMS compared to venlafaxine. The differences were clinically meaningful and statistically significant. The study was limited by its small sample size and the potential for bias.

**Conclusions**

Acupuncture is an effective treatment for VMS in patients with hormone receptor-positive breast cancer. Further research is needed to determine the long-term effects of acupuncture in this patient population.

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Acupuncture for Postchemotherapy Fatigue: A Phase II Study

Andrew J. Viola, David J. Strauss, Bertha Fossen, and Barry R. Goldin

Abstract

Background: No generally accepted treatment for postchemotherapy fatigue exists. Although acupuncture has substantial evidence for chronic fatigue, its effectiveness in postchemotherapy fatigue has not been studied. Objectives: To evaluate the efficacy of acupuncture in treating postchemotherapy fatigue. Design: Randomized, multicenter, placebo-controlled trial. Setting: Medical University of South Carolina (MUSC), Charleston, South Carolina. Participants: Twenty-three women ages 20 to 60 years old (mean ± SD, 47 ± 8.3 years) who were receiving chemotherapy for breast cancer. Interventions: Patients were randomly assigned to receive 5 weeks of acupuncture (n = 18) or placebo (n = 15). Main Outcome Measure: A 7-item fatigue scale was used to assess fatigue severity. Results: At baseline, no significant differences were noted between groups. At 5 weeks, the acupuncture group showed a decrease in fatigue severity score compared with placebo (mean ± SD, 82.4 ± 19.8 vs. 104.6 ± 19.8, P < .001). Conclusion: Acupuncture is an effective treatment for postchemotherapy fatigue.


Acupuncture Point Stimulation for Chemotherapy-Induced Nausea and Vomiting

Lawrence J. Cooper, Philip J. Davis, Amy B. Olive, Jean L. Garabedian, Jaime L. Howman-Giles, Vivek A. Patel, Michael P. Call, Jennifer Brayer, Joseph A. Balducci, Joanna W. silicon, Emmett D. MacGregor, David Stone, and Donna Snow

Abstract

Purpose: To evaluate the effectiveness of acupuncture point stimulation on acute and delayed chemotherapy-induced nausea and vomiting in cancer patients. Research Design and Methods: A pilot study of acupuncture point stimulation by nurses, electrical stimulation, or standard antiemetics. Results: Seventy-two patients were enrolled. Forty-six patients were successfully treated using acupuncture point stimulation; 18 patients were treated using electrical stimulation; and 18 patients were treated using standard antiemetics. Conclusion: Acupuncture point stimulation is safe, effective, and easy to use and may be a good alternative to standard antiemetics.


Analgesic Effect of Auricular Acupuncture for Cancer Pain: A Randomized, Blinded, Controlled Trial

By David A. Ong, Goshia Palani, Rebecca R. Ong, Anjali Ramakrishnan, Susan P. Birch, Michelle A. Bueno, and Catherine A. P. Ong

Purpose: To evaluate the effectiveness of auricular acupuncture for cancer pain. Methods: A randomized, blinded, controlled trial was conducted at the Mayo Clinic. Patients were randomized to receive auricular acupuncture or sham treatment. Results: Of the 70 patients enrolled, 67 completed the study. The pain intensity, pain interference, and sleep disturbance scores were significantly lower in the auricular acupuncture group compared with the sham group. Conclusion: Auricular acupuncture is an effective treatment for cancer pain.

Massage therapy in cancer

- **Efficacy**
  - Is it safe in cancer? YES (in the right hands)
- **Indications**: multiple reasons!
- **Specific awareness in cancer**
  - Risk of infections
  - Risk of DVT (clots)
  - Risk of fractures (bone metastasis)
  - Skin sensitivity (from radiation and/or chemo)
- **Lymphedema**
- **Special Training**: Teri Polley, R.N.
Support Groups

Patients
Caregivers, Caretakers
Children
Social Services
Psychologists and Counselors
Bereavement
Survivorship

APOS: American Psychosocial Oncology Society

SDCRI Psychosocial Oncology Director: Paul Brenner, M.D., Ph.D.
Empowerment Techniques (MBM)

- Visualization
- Contemplation
- Guided Imagery
- Biofeedback
- Mindfulness (MBSR)
- Meditation (PSM, TM, etc)
Mindfulness and cellular ageing

- Meditation may slow genetic ageing and enhance genetic repair

we propose that some forms of meditation may have salutary effects on telomere length by reducing cognitive stress and stress arousal and increasing positive states of mind and hormonal factors that may promote telomere maintenance.


telomeres are a predictor of long-term cellular viability, which decreases with chronic psychological distress (Gall et al., 2014). Buddhist traditions state that meditation decreases psychological stress and promotes well-being (e.g., Deek L and Colier, 2006). Therefore, we investigated the effects of a 3-month meditation retreat on telomerase activity, a key regulatory factor in the maintenance of cellular telomeres.

METHODS: Retained participants (n=15) were randomized to a meditation retreat group (n=15) or a control group (n=15). The intervention group participated in a 3-month meditation retreat at a Buddhist monastery, where they practiced meditation as a primary form of daily activity. The control group continued their daily routine. Telomerase activity is measured using fluorescence polarization immunoassay, which detects changes in fluorescence polarization of telomeric sequences.

RESULTS: Telomerase activity was signiﬁcantly greater in the retreat group than in controls at the end of the retreat (p<.05). Increases in Psychological Well-being, General Health, and Purpose in Life were greater in the retreat group than in controls. Decreased stress and increased mindfulness were related to increased telomerase activity. Changes in Psychological Well-being were significantly associated with increased telomerase activity, while decreases in Psychological Well-being were related to decreased telomerase activity. In turn, increases in Psychological Well-being were related to increased telomerase activity and decreased stress. Finally, changes in telomerase activity were related to increased mindfulness and decreased stress.
Biofield therapies (Energy Medicine)

- Healing Touch
- Therapeutic Touch
- Hands on Healing
- Reiki
- Qi gong
- Tai Chi
- Energy Healing: several different names, techniques and practices
Complementary Modalities (cont)

- Art therapy
- Pet therapy
- Music. Sound Therapy
- Humor. Laughter Yoga
- Journaling
- QOL: Quality of Life
- Spirituality and Cancer
- Power of Prayer

Art therapy
Alessandra Colfi, Ph.D.
Hope Made Visible (HMV)
SDCRI International Program. Alessandra Colfi, Ph.D.
More than 1,000 Flags
BLESSING

- Water
- Food
- Medicines
- Supplements
- Chemotherapy
- Radiation Therapy
- Everything and Everyone!

Integrative Modalities
mechanisms and effects

- Immune modulating
- Anti-inflammatory
- Endorphin producing
- Hormone regulating
- Antioxidant
- Induce apoptosis
- Antiangiogenesis
- Epigenetic effect
- Restore balance and harmony

**Goal is Synergy**: improve medical Rx outcomes

Often results can be "practitioner dependent"
Taking care of ourselves

- Apply what we learn from all healing traditions
- "Practice what we preach"
- Wounded healers
- Patients as Teachers
- Crying with staff and patients. Grieving
- Dealing with stress, helplessness, overwhelm, burnout. "Compassion fatigue"
- Challenges in the medical environment
- Embracing uncertainty
- Accepting cycle of life and death
- Important Role of Hospice Team (poem)
Challenges with cancer

- We can do everything right and still develop cancer
- Children with cancer
- Healers with cancer
- Resistant tumors. Recurrent cancers
- There is always Hope
- The importance of QOL
- The Blessing of Palliative Medicine and Hospice Teams

What can we tell Patients

- Honor all your feelings
- Trust your powerful inner wisdom, intuition.
- Be with those who make you feel joy, peace
- Do not compare yourself with others
- Accept help. You are always giving
- Visualize your potential for infinite possibilities and healing
- Message of hope: for any condition considered "incurable" at this time, an answer may be around the corner
- Miracles do happen
- Spontaneous remissions

How to help someone with cancer

- You know how!
- Being present with intention
- Empathy. Compassion
- Healing and Curing
- Respecting beliefs and cultural differences
- Non verbal: embracing uncertainty, hope, belief, faith
- Help transform disease into ease (St. Francis prayer)
- Entrainment, limbic resonance, mirror neurons
Integrative Oncology Program at SDCC and SDCRI

- Created in 1995. At SDCC. Under same roof
- First modalities: support groups, massage, acupuncture, nutrition classes
- San Diego Cancer Research Institute (SDCRI):
  - Non-profit created in 2000: [www.sdcri.org](http://www.sdcri.org)
- Volunteers: devoted experienced certified practitioners of the many healing arts who have successful practice
- Integrative services offered for free; open to all patients
- Community based Integrative program
- Up to 50 volunteers at one time
- Coordinator: Mary Hollander, R.N.

Integrative Oncology Program at SDCC and SDCRI (cont.)

- Regular meetings with practitioners of all the healing arts
- Learn from each others profession and experience
- Support each others journeys
- Educational programs for patients and for the practitioners
- Appreciation dinner twice a year
- Co-creating an optimal healing environment
Appreciation for SDCRI Volunteers

- **Yoga**: Daniela Caniglia, Justine Shelton
- **Nutrition**: Mary Hollander, R.N., Jessica Leibovich
- **Massage**: Teri Polley R.N., Raquel Ramos, Maureen Miner, Cathy Ziska, Yukari Kono, Angelic Rendon, Dana Wylie, John Chang
- **Acupuncture**: Kim Taylor, Dodie Hemingway, Joe Voss, Mary Fong, John Chang
- **Support Groups**: Dr. Paul Brenner, Maura McBratney, Erin Graves
- **Mindfulness**: Diana Shimkus, Pete Kirchmer
- **Art**: Alessandra Colfi Ph.D., Juli Shelton
- **Qi gong**: Fay McGrew, Reyna Lerma
- **Biofeedback**: Suzie Lemmons
- **Biofield Therapies** (see separate slide)
- **Pet therapy**: Norma Spencer, Teri Polley, R.N.

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Biofield therapies volunteers at SDCRI

- Mary Hollander, R.N.
- Daniela Caniglia
- Maura McBratney
- Blanca Noel
- Lynn Sawyer
- Eric Sjoberg
- Janice Motley
- Maria Melendrez
- Todd Sargeant
- Natasha Jaksch

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U.C. San Diego Cancer Center Oncology R.N.’s (Infusion room)
Role of an Integrative Oncologist

- Support cancer patients in creating integrative treatment plans during and after conventional cancer treatment
- Reviewing Integrative programs and resources
- Help them sort out so much data and info (confusing for all)
- Advising patients about benefits and possible risks of all options and treatment modalities
- Help patients embrace chemotherapy and conventional medical recommendations

Role of an Integrative Oncologist

- Support oncologists, nurses and cancer center staff. Recommend integrative approaches and co-create healing programs for their own wellbeing
- Answering many questions regarding integration
- Education: students, residents, fellows
- Workshops. Seminars. Conferences
- Integrative Research
San Diego Integrative Oncology Collaborations

Future of Integrative Oncology in San Diego

- Clinical, Education, Research, Service
- Evolving collaborations: SDCRI, UCSD, Scripps, Chopra Foundation, Miraglo Foundation, Sharp, Kaiser, Private Oncology clinics, etc.
- Research collaboration within UCSD: U.C. SDCC, CIMH, Moores, CERTIH and other UCSD departments
- Research collaboration with other community programs
- Embracing Integrative Oncology as a Specialty
- Further collaboration with other Institutions

Summary: Cancer experience

- Honoring our body’s need to rest, recover and heal
- Meditation. Inner peace. Embracing uncertainty
- Practice healing modalities regularly (one or just a few)
- Add tools to the Toolbox: techniques, experiences, lessons
- Embracing all wisdoms: medicine & all healing modalities
- Feel in control. Empowered
- Balance. Avoiding extremes
- Accepting help
- Connection. Know you are loved
“The good physician treats the disease; the greater physician treats the patient who has the disease”
Sir William Osler, 1849-1919

“It is more important to know what sort of person has a disease than to know what sort of disease a person has”

“Make a habit of two things: to help; or at least to do no harm”
Hippocrates, 460-370 BC

Recognition and Gratitude

Staff, Nurses and Colleagues of the San Diego Cancer Center (SDCC, now U.C. San Diego Cancer Services) and Medical Group of North County (MGNC)
Volunteers of the San Diego Cancer Research Institute (SDCRI)
UCSD: U.C. San Diego Cancer Services Encinitas and Vista, Center for Integrative Medicine and Health (CIMH), CERTIN, HT-Med, U.C. Moores Cancer Center
All centers for Integrative Medicine and for Healing in San Diego
Honoring cancer Patients and their families
Caregivers and Caretakers
Professionals and practitioners of all the healing arts caring for cancer patients (especially Angel Nurses)
Volunteers
Researchers
My Wife, Kids, Family and Friends

Recognition and Gratitude (cont.)

To Mark J. Adler, M.D.: my colleague, business partner, dear friend and cofounder of the San Diego Cancer Center (SDCC, now U.C. San Diego Cancer Services Encinitas and Vista) and San Diego Cancer Research Institute (SDCRI)
My deep gratitude to all the Volunteers of the Integrative Oncology Program at the San Diego Cancer Research Institute (SDCRI) who devoted countless hours of selfless service to the cancer patients for over 15 years. They did this with great love and compassion.
Special mention and gratitude to Mary Hollander, R.N., our Integrative Program Coordinator for the last decade. We couldn’t have done it without you Mary!
“Make a gift of your life and lift all mankind by being kind, considerate, forgiving, and compassionate at all times, in all places, and under all conditions, with everyone as well as yourself. This is the greatest gift anyone can give.”

— David Hawkins, M.D., Ph.D.; Psychiatrist, physician, spiritual teacher, lecturer

Inspiration

“There is a voice in the Universe urging us to remember our purpose for being on this great Earth. This is the voice of inspiration, which is within each and every one of us.”

DR. WAYNE W. DYER