

Joint Event on



International Conference on

**CANCER THERAPY AND ONCOLOGY**

and

International Conference on

**NEUROLOGY AND BRAIN DISORDERS**

June 21-22, 2018 | Osaka, Japan

**DAY 1**

**Keynote Forum**



**Wassil Nowicky**

Nowicky Pharma

**Biography**

Wassil Nowicky is the Director of "Nowicky Pharma" and President of the Ukrainian Anti-Cancer Institute (Vienna, Austria). He has finished his study at the Radiotechnical Faculty of the Technical University of Lviv (Ukraine) with the end of 1955 with graduation to "Diplomingenieur" in 1960 which title was nostrificated in Austria in 1975. He became the very first scientist in the development of the anticancer protonic therapy and is the inventor of the preparation against cancer with a selective effect on basis of celandine alkaloids "NSC-631570". He used the factor that cancer cells are more negative charged than normal cells and invented the Celandine alkaloid with a positive charge thanks to which it accumulates in cancer cells very fast. Thus, He is invited as an Honorable Speaker to take part in many scientific international congresses and conferences in USA, Australia, Japan, UAE, Europe. Author of over 300 scientific articles dedicated to cancer research. He is a real member of the New York Academy of Sciences, member of the European Union for applied immunology and of the American Association for scientific progress, honorary doctor of the Janka Kupala University in Hrodno, doctor "honoris causa" of the Open international university on complex medicine in Colombo, honorary member of the Austrian Society of a name od Albert Schweizer. He has received the award for merits of National guild of pharmasists of America. the award of Austrian Society of sanitary, hygiene and public health services and others.

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**SELECTIVE AND IMMUNOMODULATING PROPERTIES OF THE ANTICANCER PROTON PREPARATION ON BASIS OF GREATER CELANDINE ALKALOIDS NSC631570**

One of the most significant problems of cancer therapy is the damaging activity of anticancer drugs against normal body cells. All attempts to develop a therapeutic agent with a selective cytotoxic effect on tumor cells had no much success because of the high degree of biological identity between healthy and malignant cells. The celandine is being used in the medicine over more than 3500 years. The first data concerning the therapeutic effect of the juice of cel-andine in the patient with malignant melanoma were published in Germany in 1536. From that time drugs based on biologically active substances of celandine are widely used to treat cancer and non-cancer disease. It is well known that tumor cell is more negatively charged as compared to normal cell. We have used this feature of the tumor cell to give NSC631570 a property to selectively interact with it, without endangering healthy cells and tissues. The drug is strongly positively charged. Due to this it has an ability to be selectively accumulated in tumor tissue and to induce tumor cell apoptosis only in tumor cells without harmful effect on normal cells. Potent selective antitumor effect of NSC631570 repeatedly proven by the results of clinical trials. Until now this preparation has been tested on over 100 cancer cell lines and on 12 normal cell lines and the results of the studies carried out in more than 120 universities and research centers (in particular at the National Cancer Institute (the USA)) have shown that the NSC 631570 killed only cancer cells without having damaged the normal cells what confirmed its selective effect.



**Yoshiaki Omura**

New York Medical College, USA

**Biography**

Yoshiaki Omura received Oncological Residency training at Cancer Institute of Columbia University & Doctor of Science Degree through research on Pharmacoelectro-Physiology of Single Cardiac Cells *in-vivo* and *in-vitro* from Columbia University. He researched EMF Resonance phenomenon between 2 identical molecules for non-invasive detection of various molecules, at Graduate Experimental Physics Dept., Columbia University, for which he received U.S. patent. He is also the creator of Bi-Digital O-Ring Test. He published over 280 original research articles, many chapters, & 9 books. He is currently Adjunct Prof. of Family & Community Medicine, New York Medical College; President & Prof. of Int'l College of Acupuncture & Electro-Therapeutics, NY; Editor in Chief, Acupuncture & Electro-Therapeutics Research, Int'l Journal of Integrative Medicine, (indexed by 17 major int'l Indexing Periodicals); Formerly, he was also Adjunct Prof. or Visiting Prof. in Universities in USA, France, Italy, Ukraine, Japan, Korea, & China.

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Note:

**EARLY, NON-INVASIVE, RAPID DETECTION OF VARIOUS CANCERS BY 1) FACIAL ORGAN REPRESENTATION AREAS (INCLUDING EYEBROWS, NOSE, UPPER & LOWER LIPS), 2) MOUTH, HAND, & FOOT WRITING FORM, 3) RAPIDLY CHANGING PART OF QRS COMPLEX & RISING PART OF T-WAVE OF ECGS, 4) ABNORMAL BDORT CHANGES AT THYMUS GLAND REPRESENTATION AREAS**

Using highly sensitive electromagnetic field (EMF) resonance phenomena between 2 identical molecules with identical weight, we can detect non-invasively any molecules existing inside the body including any cancers without taking blood or biopsies. The method was developed at Graduate Experimental Physics Laboratory of Columbia University. The method was used for detecting Organ Representation Areas (ORA) of specific internal organs. This method is known as an important part of the 4 components of method known as Bi-Digital O-Ring Test (BDORT) for which US Patent was given. The author developed the following different, non-invasive, diagnostic methods: 1a) Using ORA of the face including eyebrows, nose, upper & lower lips by detecting visible changes as well as invisible changes with corresponding biochemical changes. For example, as visible change of malignancy, when specific part of the eyebrow hairs become white in the early stage of the cancer & along the development of cancer the hair disappears. Since the author found different parts of the eyebrows represent specific internal organs, for example if the hair in the lateral end part of the eyebrow becomes white and hair starts disappearing, cancer in the stomach or esophagus can be suspected. In the abnormal areas where there is no hair, if there is a cancer there is always corresponding biochemical changes such as increase of Oncogen CfosAb2 or Integrin  $\alpha 5\beta 1$  & 8-OH-dG which always increases in the presence of malignancy. If the malignancy becomes more aggressive and begins to metastasize, DNA mutilation is always increased and in the abnormal area, 8-OH-dG which is proportional to DNA mutation, is always increased. 1b) Appearance of deep crease. Typical example is deep, horizontal crease about 1.5cm below the lower lip. If the BDORT of the deep crease is abnormal (-)7 or higher (-) value, one can immediately suspect prostate cancer in men and uterus cancer in women. 1c) Abnormal, round projection above the chin often indicates if BDORT is (-)7 or higher (-) value, immediately ovarian cancer can be suspected in women and malignancy of testes or testes-related tissue. 1d) Appearance of discoloration such as brown color at pancreas representation area. 1e) Invisible changes such as abnormal, negative BDORT changes of (-)7 or higher (-) values so the

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quickest estimate can be made at upper & lower lips as well as nose and breast ORA of the face. For example, in the absence of any visible change, if right upper midline side which represents the stomach has BDORT of (-)7 or higher (-) value, immediately stomach cancer can be suspected. 2) One page of Mouth, Hand, & Foot Writing Form. Completion of it takes 5-10 minutes by each patient. Almost any cancer can be localized from this recording without knowing anything about the patient. 3) From rapidly changing QRS Complex as well as rising part of the T-wave, cancer can often be detected. 4) Abnormal BDORT changes at Thymus Gland ORA. There are 2 additional Thymus gland ORA in the back of each hand in addition to 1 major Thymus gland ORA on the surface of manubrium bone at upper center of the chest. In addition, BDORT of these 3 Thymus gland ORA is average adults is (-)2 but when it becomes less than (-)1 or (+), there is high incidence of malignancy for the corresponding organs. Using these non-invasive, early cancer detection methods, before any standard laboratory test can detect malignancy, we can often detect malignancy long before standard laboratory tests can detect and we can treat cancer in early stage with non-invasive, individualized, safe, effective, economical treatment.





## Hazem Ahmed Mostafa

Ain Shams University, Egypt

### Biography

Hazem Ahmed Mostafa is an internationally recognized neurosurgeon with over two decades of clinical and research experience. He has devoted his career to developing and providing rigorous, comprehensive and compassionate care to those with cancer, neurological degenerative diseases and pediatric disorders. He's affectionately known as Dr Brain and Spine. He is a professor in the Department of Neurosurgery at Ain Shams University, Egypt since 2014. He is a Consultant of Neurosurgery at his own private clinics Neuro-Clinic Cairo and Hurgada - Red Sea, Egypt since 2001. He has dedicated a significant part of his career to developing innovative educational research with over 33 published research papers in the Egyptian Society journal. He is an active member of the Egyptian Society of Neurological Surgeons since 1997. He is an international Faculty at AO Trauma Foundation. He is also an international fellow member of the Institute of Brain Chemistry and Human Nutrition (IBCHNUK).

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## THE INTEGRAL ROLE OF NEUROSURGERY IN MANAGING RARE CRANIOFACIAL ANOMALIES

**C**raniofacial anomalies are rare complex pathologies which needs a craniofacial team composed of neurosurgeon, a craniofacial plastic surgeon, and an ophthalmologist. Anomalies at craniofacial region either due to developmental malformation of the brain (neural tube defects) or premature closure of cranial or skull base sutures resulting in skull deformities and problems in normal physiological neurological development. Each of pathologies needs special neurological surgery management, sometimes the management is multi-staged. Neurosurgical management varied from diagnosis, the surgical procedures and long-term follow up. Hence, we describe the pathology of craniofacial anomalies and its associated syndromes in addition to the proper investigation needed for diagnoses and predict possible short and long-term complication. Also, what craniofacial anomalies care giver should be focusing on regarding neurological issues such as intra-cranial pressure early detection and treatment if high and optic nerve problems. Also dural repair, dealing with brain parenchyma and its vasculature, and better cosmetic outcome according to craniofacial metrics.



## Sanjoy Mukerji

Kandivali Medical Association, India

### Biography

Sanjoy Mukerji is a Gold Medalist plus National and International Award-Winning Psychologist in Mumbai. He has done his Post Graduate Diploma in Psychological Counselling from the Institute for Behavioral and Management Sciences, India. Moreover, he has completed his Degree of Doctorate in Philosophy (Alternative Medicines) from the Indian Board of Alternative Medicines, established under the World Health Organization (WHO). In the field of alternative medicines, he has researched and specialized in mind-body medicine. In his around 20 years of experience and practice, he has been instrumental in healing and helping thousands of people across the World through his counselling, therapy, talks, lectures, seminars, workshops, articles and books; and has received fantastic feedback, praises and blessings from them. He has been interviewed on various TV channels, and covered by almost all major newspapers and magazines.

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Note:

## MIND-BODY MEDICINE

**M**ind-body medicine explores the interconnection between the mind and body, under the premise that the mind affects “bodily functions and symptoms.” As per the University of Maryland Medical Center, mind-body medicine uses the power of thoughts and emotions to influence physical health. As Hippocrates once wrote, “The natural healing force within each one of us is the greatest force in getting well.” This is mind-body medicine in a nutshell. The term “psychosomatic disease/disorder/illness” is mainly used to mean “a physical disease that is caused, or made worse, by mental factors.” The term is also used when mental factors cause physical symptoms but where there is no physical disease. For example, chest pain may be caused by stress and no physical disease can be found. Some physical diseases are prone to be made worse by mental factors such as stress and anxiety. At any given time, a person’s mental state can affect the degree of severity of a physical disease. Physical symptoms that are caused by mental factors are also called somatization or somatoform disorders. These symptoms are due to increased activity of nervous impulses sent from the brain to various parts of the body. There is a deep connection between the mind (beliefs, thoughts and emotions) and the different parts of the body and physical problems. A number of factors may play a role in psychosomatic disorders, such as personality traits; genetic or environmental family influences; biological factors; learned behavior and more. When one is not at ease, that means there is some kind of dis-ease; and disease can be reversed (completely or to a great extent) by simply reversing or changing mental/thought patterns, and at times by adding some physical exercises and changing some food habits. According to Dr. J. A. Winter, M.D., the psychosomatic illness is one of function, rather than of structure, although structural changes may occur later. It is based on some past experience, usually painful. This illness seems to arise from problem situations and from words (reflection of thoughts), rather than from actual injuries, or infection.

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**Yoshiaki Omura**

New York Medical College, USA

**Biography**

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**ROLE OF HUMAN PAPILLOMA VIRUS-TYPE 16 (HPV-16) & TOXOPLASMA GONDII INFECTION AS NEW, RAPID CONTRIBUTING FACTOR TO EXISTING FACTORS SUCH AS STRONG ELECTRO-MAGNETIC FIELD, ETC. FOR DEVELOPMENT OF VARIOUS CANCERS. SAFE, VERY EFFECTIVE, INDIVIDUALIZED TREATMENT OF CANCERS & THEIR METASTASES USING UNIQUE 8 BENEFICIAL EFFECTS OF OPTIMAL DOSE OF VITAMIN D3 AND THYMUS GLAND REPRESENTATION AREA STIMULATION**

The author's study indicated that in the presence of co-existence of high concentration of both Human Papilloma Virus-type 16 (HPV-16) & single-cell parasite toxoplasma gondii, often malignancy can develop in relatively short periods of time such as in 1 month when there are additional, cancer-promoting factors existing such as 1) frequent exposure to strong electromagnetic field (EMF) for specific parts of the body such as frequent use of cellular phones, 2) carrying cellular phones near the body surface, 3) wearing BDORT strong (-) underwear, 4) additional BDORT (-)12 toxic foods (such as white rice during the past 2 years having a (-)12 BDORT value) and drinking BDORT strong (-) beverages including most of recent soft drinks from famous companies which is BDORT (-)12, 5) excessive use of Vitamin C which was originally promoted by Nobel Prize Winner Linus Pauling. But excessive dose inhibits very important Vitamin D3. Eating too many bananas since we found bananas often inhibit beneficial effects of Vitamin D3. In the past, it was believed it takes long time of more than several years to develop cancer but our recent study of these multiple co-existing cancer-promoting factors can contribute for rapidly developing malignancy. Since using our non-invasive, early cancer detection method, it is ideal to treat cancer before standard laboratory tests can detect them using 8 unique beneficial effects of optimal dose of Vitamin D3. They are: 1) significant Anti-cancer effects without side effects; 2) marked decrease in DNA mutation which is proportional to the decrease in 8-OH-dG; 3) marked urinary excretion of Viruses, Bacteria, Fungi, single-cell parasites, & Toxic substances, including Asbestos & metals such as Hg, Pb, & Al; 4) marked increase in Acetylcholine in the brain & the rest of the body; 5) marked increase in DHEA; 6) marked decrease in  $\beta$ -Amyloid (1-42) in brain; 7) marked decrease in Cardiac Troponin I, and 8) anti-allergic effects. Optimal dose of Vitamin D3 in the absence of cancer-promoting factors, most of the cancers including advanced cancer with significantly high Integrin  $\alpha 5\beta 1$  value of more than 1400ng to extremely high value of 1750ng as well as additional 8-OH-dG of extremely high value of anywhere



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between 50ng & 80ng which is proportional to DNA mutation and the DNA mutation is essential to the growth of cancer. Optimal dose of Vitamin D3 can inhibit these 2 extremely high abnormal values of cancer markers and bring down within normal limit but average effect of one optimal dose of Vitamin D3 lasts average 8 hours. We can often inhibit progress of advanced cancer close to inactive conditions. However, usually 8-OH-dG of original cancer is often less than metastatic cancer. Every time cancer metastasizes, 8-OH-dG often increases. Optimal dose of Vitamin D3 often reduces abnormally high Integrin  $\alpha 5\beta 1$  & 8-OH-dG close to normal but beneficial effects for metastasized cancer is often less effective. However, the author found effective, simple, manual 50 time stimulation of thymus gland representation area on the back of the hand instead of directly stimulating at skin above the manubrium bone. 50 times of stimulation of thymus gland representation area of the back of the left or right hand can produce significant improvements of any abnormal conditions including cancers. We found combined use of Thymus gland representation area on the back of the left hand for 50 times stimulation by pulling the skin corresponding to thymus gland representation area & twisting the skin from right to left. Each procedure consists of 50 times stimulation can produce most effective anti-cancer effects for many advanced cancer or metastatic cancer and repeat combined Thymus gland ORA stimulation of back of hand followed by optimal dose of Vitamin D3. This combination treatment every 8 hours often results in most significant improvement of both original cancer & metastasized cancer without any side effects.





## Hazem Ahmed Mostafa

Ain Shams University, Egypt

### Biography

Hazem Ahmed Mostafa is an internationally recognized neurosurgeon with over two decades of clinical and research experience. He has devoted his career to developing and providing rigorous, comprehensive and compassionate care to those with cancer, neurological degenerative diseases and pediatric disorders. He's affectionately known as Dr Brain and Spine. He is a professor in the Department of Neurosurgery at Ain Shams University, Egypt since 2014. He is a Consultant of Neurosurgery at his own private clinics NeuroClinic Cairo and Hurghada - Red Sea, Egypt since 2001. He has dedicated a significant part of his career to developing innovative educational research with over 33 published research papers in the Egyptian Society journal. He is an active member of the Egyptian Society of Neurological Surgeons since 1997. He is an international Faculty at AO Trauma Foundation. He is also an international fellow member of the Institute of Brain Chemistry and Human Nutrition (IBCHNUK).

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## STEM CELLS AND HYPERBARIC OXYGEN THERAPY FOR TBI MANAGEMENT

**Introduction:** Over the past 30 years there has been a significant reduction in mortality following severe TBI together with improved outcome. This has been largely due to the use of evidence-based protocols emphasizing the correction of parameters implicated in secondary brain injury. The main parameters are cerebral blood flow, cerebral oxygenation and management of co-morbidities. Neuroinflammation is a well-established secondary injury mechanism following TBI.

**Evolving treatment strategies:** Inspired by success in Parkinson's and other neurodegenerative diseases, stem cell based therapy is believed to provide biobridges, can stabilize blood-brain barrier, reduce the oxidative stress and provide immunomodulation and neuroprotection. Hyperbaric oxygen may alleviate secondary insult in TBI through the modulation of the inflammatory response. Animal studies showed that hyperbaric oxygen improves neuroplasticity, reduce the inflammatory markers and neuronal apoptosis following TBI.

**Sources of stem cells:** Modulating endogenous stem cells or Cell transplantation (using exogenous stem cells) from fetal/embryonic, bone marrow stromal cells, umbilical cord cells or induced pluripotent stem cells (iPSCs). There is plenty of literature showing good response of stem cell therapy, mesenchymal stem cells in particular, on the outcome in rat TBI models. The animal models indicate some vulnerability of the stem cells to the hostile environment of neuroinflammation, which may limit their potential

**Conclusion:** The results although very encouraging, are still in the laboratory/preclinical phase and lots of technical, ethical and logistic issues have to be solved before shifting to clinical trials. Hyperbaric oxygenation can provide less hostile microenvironment helping with repair and provide better use of stem cell induced growth factors.