

## Surviving in Hereditary Metastatic Lung Cancer

Xinghong Yang

Independent Scientist, Florida, USA

### ABSTRACT

Metastatic lung cancer remains the leading cause of cancer-related mortality worldwide, despite advances in chemotherapy, targeted therapy, radiotherapy, and immunotherapy. Although modern oncologic treatments have improved symptom control and modestly prolonged survival, durable remission in advanced-stage cancer remains rare, and the underlying mechanisms of treatment resistance and spontaneous regression are still poorly understood. Conventional biomedical models primarily emphasize genetic mutations, molecular signaling pathways, and the tumor microenvironment, while largely overlooking potential spiritual and karmic dimensions of disease. This simplified framework may contribute to incomplete etiologic understanding and suboptimal therapeutic outcomes. We previously reported a case of complete remission in a patient with late-stage lung cancer who experienced a 37.5% loss of body weight and severe, generalized pain lasting 24 hours, without undergoing surgery, radiotherapy, or chemotherapy, following sustained practice of the Three Golden Buddhist Practices of the Guan Yin Citta Dharma Door. Here, we report another case of complete recovery from metastatic lung cancer in a patient with a strong familial cancer predisposition, achieved through sustained Buddhist practice after medical therapies failed. This case further supports a dual physical-spiritual model of cancer pathogenesis and suggests that integrative medical-spiritual approaches may offer complementary therapeutic potential for advanced malignancies, warranting further systematic investigation.

### \*Corresponding author

Xinghong Yang, Independent Scientist, Florida, USA.

**Received:** March 07, 2026; **Accepted:** March 12, 2026; **Published:** March 19, 2026

**Keywords:** Guan Yin Citta Dharma Door, Golden Buddhist Practices, Late-stage Lung Cancer, Familial Collective Karma, Miscarriage, Spirits, Ascension, Recovery

### Introduction

Metastatic lung cancer constitutes the terminal stage of pulmonary malignancies and is a principal contributor to global cancer morbidity and mortality. Lung cancer remains the leading cause of cancer-related death worldwide, accounting for approximately 1.8 million deaths annually, with the majority of cases diagnosed at an advanced or metastatic stage [1].

Clinically, metastatic lung cancer is classified as stage IV disease and is characterized by dissemination to common secondary sites, including the brain, liver, bone, adrenal glands, and distant lymph nodes [2]. Non-small cell lung cancer (NSCLC) accounts for approximately 85% of all lung cancer cases and demonstrates heterogeneous molecular profiles that influence metastatic behavior and therapeutic responsiveness [3].

Small-cell lung cancer is distinguished by its rapid growth rate, early metastatic potential, and aggressive clinical course. Advances in molecular diagnostics have enabled the identification of actionable genetic alterations, which have transformed the therapeutic landscape through the development of targeted therapies and immune checkpoint inhibitors [4].

Despite these innovations, metastatic lung cancer remains largely incurable, with five-year survival rates below 10% [5]. Treatment

strategies focus on prolonging survival, controlling disease progression, and maintaining quality of life.

When surgery, chemotherapy, radiotherapy, and immunotherapy provide limited benefit yet substantial toxicity once cancer is widely disseminated, it suggests that modern science has not fully uncovered the true causes of cancer, and that current treatments primarily focus on symptom control rather than etiologic resolution. Although new technologies continue to emerge, genuine therapeutic breakthroughs remain rare.

When the medical path is blocked, remember: there is the Dharma. Where there is the Dharma, there is a way [6,7].

Our previous publication reported a case of metastatic lung cancer with cranial metastasis. The attending physician determined that surgery was no longer feasible and recommended only chemotherapy and radiotherapy. The patient declined all medical treatment and was discharged from the hospital. After returning home, her weight dropped dramatically from over 40 kilograms to just 25 kilograms, accompanied by continuous, excruciating, whole-body pain around the clock. Her physician assessed that the cancer had spread extensively throughout her body. Through the practice of the Guan Yin Citta Dharma Door, she ultimately achieved recovery [8].

In addition to late-stage lung cancer, other advanced malignancies, including advanced prostate cancer, late-stage pancreatic cancer, metastatic cervical cancer, malignant lymphoma, mid- to late-

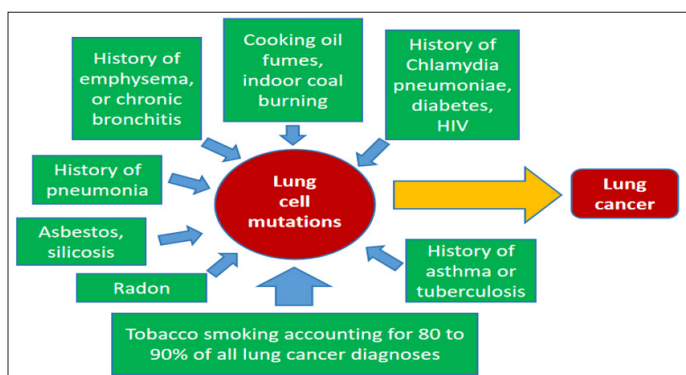
stage breast cancer, and late-stage liver cancer, have also been successfully healed or brought into full remission through dedicated practice of the Guan Yin Citta Dharma Door [8-10].

These results suggest that late-stage cancer still carries hope for recovery. In this study, we report another case of advanced metastatic lung cancer and describe how the patient regained her health through the practice of the Guan Yin Citta Dharma Door.

### Worldviews, Mechanisms & Solutions

From a scientific perspective, lung cancer arises primarily from the accumulation of genetic and epigenetic alterations in bronchial and alveolar epithelial cells that disrupt normal cell-cycle control, apoptosis, and DNA repair mechanisms. These molecular abnormalities lead to uncontrolled cellular proliferation, clonal expansion, and ultimately malignant transformation. Such mutations develop progressively over time as a result of chronic exposure to exogenous carcinogens (cancer-causing agents) or, less commonly, endogenous processes such as spontaneous replication errors and oxidative stress-induced DNA damage [11].

Major carcinogenic risk factors include tobacco smoking, oncogenic infections, exposure to radioactive materials (e.g., radon), environmental and occupational hazards, and unhealthy lifestyle behaviors (Figure 1) [12-14].



**Figure 1:** Schematic Illustration of Lung Cancer Risk Factors from a Scientific Perspective

Tobacco smoking is the predominant risk factor for all lung cancer diagnoses. Additional factors also contribute to the initiation and progression of the disease. However, this strictly materialistic theoretical and clinical framework has its limitations, particularly in light of the nearly two million deaths from lung cancer each year worldwide. This observation suggests that important pathogenic mechanisms may remain unidentified or insufficiently characterized. Accordingly, the current model should be regarded as incomplete.

The mutation-centered model of carcinogenesis has informed therapeutic strategies aimed at eliminating malignant cells through surgical resection, cytotoxic chemotherapy, radiotherapy, and targeted molecular interventions, substantially improving survival in early-stage disease.

However, this paradigm has limitations, particularly in advanced-stage lung cancer. A significant proportion of patients are first diagnosed at a late stage due to the asymptomatic nature of early disease and the absence of widespread early detection. Consequently, despite therapeutic advances, lung cancer remains the leading cause of cancer-related mortality worldwide [15].

Our previous publications have proposed that late-stage cancer is not merely a biological process driven by genetic and molecular alterations, but also a fundamentally spiritual disease rooted in karma and spiritual attachment. When karmic obstacles “erupt,” spirits (souls of deceased humans or animals) may attach to the body and participate in carcinogenesis. Within this framework, oncogenes and tumor suppressor genes are ultimately influenced by unresolved karmic debts rather than molecular events alone [6-10].

Late-stage cancer is thus interpreted as the visible culmination of long-accumulated negative karma. It particularly arises from killing (including abortion, slaughter, or related occupations), emotional entanglements, and harmful speech or thoughts. The manifestation of this karma may shorten lifespan and predispose individuals to aggressive malignancies such as metastatic breast, liver, and hematologic cancers.

From this dual physical-spiritual perspective, the limitations of contemporary late-stage cancer care stem from treating “symptoms” (tumor burden) without adequately addressing root causes (karma and spiritual attachment). While surgery and systemic therapies can prolong survival and occasionally induce remission, frequent recurrence, treatment resistance, and the eventual classification of patients as “incurable” highlight inherent shortcomings of purely biomedical models, particularly in metastatic or refractory disease.

In contrast, within the Guan Yin Citta Dharma Door system taught by Master Jun Hong Lu, cancers are considered potentially reversible when patients engage in intensive Dharma cultivation. Namely, by performing the Five Golden Buddhist Practices: making vows, reciting Buddhist scriptures (including the “Little Houses”), performing life liberation, reading *Buddhism in Plain Terms*, and sincerely repenting of wrongdoings and refraining from doing them, one can eventually recover health.

The successful recoveries of late-stage malignancies by following Dharma practice are presented as evidence that when the power of vows surpasses karmic burden, attached spirits may ascend, oncogenic activity may be “switched off,” and the terminal cancer may stabilize or resolve, sometimes in the absence of further medical intervention.

Nevertheless, not all late-stage patients achieve recovery. Outcomes appear to depend on the severity of individual karmic burden, the sincerity and persistence of spiritual practice, and, in many cases, complementary medical treatment. Therefore, the most promising pathway for patients with advanced disease is portrayed as an integrative approach combining oncology with sustained spiritual cultivation, aiming to resolve karmic causes rather than confronting tumor pathology alone.

In this study, we share the recovery of a patient with metastatic lung cancer, the tenth person in her family to develop cancer. After conventional medical treatments failed, she practiced the Guan Yin Citta Dharma Door and ultimately regained her health.

### Results

The following presentation is by a practitioner of the Guan Yin Citta Dharma Door.

#### Case 1: Tearfully Testifying: “I Am the Tenth Person in My Family to Be Diagnosed with Cancer-It Was Guan Yin Citta Dharma Door That Saved Me!”

From a young age, I had a strong interest in Buddhism. However,

due to insufficient karmic conditions, I did not enter any Dharma door, nor did I formally take a master. As such, I had no opportunity to truly learn the Buddha Dharma.

In June 2013, if I remember correctly, my left hand began to lose sensation, eventually becoming completely numb. Doctors diagnosed it as nerve compression, requiring surgery. The situation improved temporarily, but soon worsened again. A few months later, all ten of my fingers began to crack severely. I tried countless medications, but nothing worked. I consulted both Western and Chinese medicine, and even sought help through spiritual means, yet nothing helped. My condition fluctuated, improving and worsening unpredictably.

In the early morning of March 2, 2014, I suddenly could not breathe. My husband rushed me to the emergency room, suspecting a heart attack. After X-rays, the doctor told me there was a shadow on my lungs, something that should not normally appear. The doctor advised me to prepare mentally. After a thorough medical examination, I was told I had cancer.

Surprisingly, I did not feel much shock, perhaps because in my family, nine relatives had already suffered from cancer. Including myself, I became the tenth. Six had already passed away. Some were elders I had never even met. I believed it was hereditary. At the time, I did not know it was karmic retribution. Yet I never imagined it would happen to me at such a young age.

However, the real nightmare was only beginning.

The doctors performed a biopsy, inserting a 12-centimeter-long needle into my lung. Due to a medical error, the procedure caused excruciating pain, as though my body had been split in half. The agony was indescribable, like countless arrows piercing my heart. I lost control due to the pain and had to be injected with morphine. Yet this was still not the worst.

The doctors then told me the tumor was 3.7 cm, pressing against the main artery, making surgery impossible. Worse still, four tumor cells were found elsewhere: lung cancer cells, peritoneal carcinoma, ovarian cancer, and gastric wall cancer. Four types of cancer were detected simultaneously. Surgery offered no meaningful hope.

I sought opinions from another surgical hospital, but the conclusion was the same inoperable. I was effectively sentenced to death without warning. Doctors suggested chemotherapy as a last resort. I underwent three months of chemotherapy, which was truly worse than death. My hair fell out, my mouth ulcerated with 13 open sores, making eating and drinking impossible. In just a few months, I lost 18 kilograms.

Watching my father worry and cook tirelessly for me, hoping I could eat just a little, broke my heart. Yet I was unable to swallow even one bite. In despair, I told my father, "Dad, I am sorry. I want to die. Please let me go. I can not endure this anymore." I do not want to be so utterly without dignity. I no longer recognized myself in the mirror. Who was I?

After three months, the chemotherapy failed. The tumor had grown to 4.4 cm, severely affecting my breathing and blood circulation. I could not even stand without fainting. In desperation, I begged my doctor to write a referral for surgery. I said I would rather die on the operating table than live in such misery.

On the day of surgery, I cried as I looked at my family, trying to memorize their faces, unsure if I would ever see them again. I signed my own life-and-death consent form. The surgery lasted many hours, though my family refuses to tell me exactly how long.

One-third of my lung was removed. When I woke up, I realized I was still alive. I silently prayed to Guan Yin Bodhisattva for salvation. That night, while in the ICU, I heard a girl crying bitterly behind me. I pressed the call button, but the nurses told me to rest and left. Then, five figures appeared around my bed, two on each side and one in front. One of them said to the crying girl, "You must leave." Everything then returned to silence.

Later, I realized they were not ordinary people. They were dressed like ancient generals. They were Dharma Protectors. Thank you, Bodhisattva, for your protection. Bodhisattvas truly exist.

Six months after discharge, in June, a new cancer was discovered in my spine. Surgery was impossible. I underwent CyberKnife therapy, but it failed. Another treatment left half my body numb. I was terrified and helpless.

One night, I dreamt I was running among graves and entered a temple where I saw Guan Yin Bodhisattva's statue fallen. A gentleman came in and lifted the statue upright. Then, I woke.

The very next day, I told my colleague, "I think I do not have much time left in this world. Even in my dreams, I am running around in mountain graves, and even the Buddha statue was toppled over."

My colleague told me not to overthink it.

Right at that moment, I thought to myself: Is learning Buddhism really that difficult? Why can't I find a proper Dharma door? Why can't I find a Dharma Master?

By chance, I discovered Master Jun Hong Lu's video teachings online. Everything He said resonated deeply. I knew I had finally found the Dharma door I had been searching for over 20 years-Guan Yin Citta Dharma Door.

Thus, I kept watching Master Lu's videos. As I watched... oh my gosh, why had Master's face appeared in my dream before? He was the gentleman who lifted the statue of Guan Yin Bodhisattva!

Gratitude to Master! Gratitude to Master!

So, following the information I found online, I contacted the Guan Yin Citta Dharma Door group practice association and received help from Buddhist practitioner SX. That is how I began my journey of practicing Buddhism. I am really, really grateful to her.

At the same time as I started practicing Guan Yin Citta Dharma Door, I dreamed of Guan Yin Bodhisattva coming into my dream. The pure water from the vase in Her hand flowed down and turned into a river. That dream felt so incredibly real.

Please, everyone, believe me: Guan Yin Bodhisattva is so compassionate!

Very fortunately, in November, I managed to get through to Master on the phone. At that time, Master was in Australia. I had never met Master Lu, never spoken to Him before. As soon as Master picked up the phone, I told Him, "My zodiac is a Tiger, born in 1974."

His very first words shocked me to my core. There is a spirit on my back, at my waist. Quickly eliminate it by reciting Buddhist scriptures.

How did Master know?! The cancer on my back was exactly in the spot Master mentioned. I was so overwhelmed with emotion that I could not even speak. Everything Master said was completely accurate! The following is our conversation.

**Q&A 1. Severe calcium deficiency, causing numbness in the hands and poor dental health; the miscarried child has not left; Bodhisattvas have come to the Buddhist altar [16]**

**I:** Hello, Master! I am a 1974 Tiger zodiac, and I would like to check on my physical condition.

**Master:** There is a spirit attached to your waist.

**I:** Yes.

**Master:** Waist hurts terribly.

**I:** Mm, yes, exactly.

**Master:** And your stomach is uncomfortable, with bloating in the belly.

**I:** Yes.

**Master:** You are often unhappy.

**I:** Mm, yes.

**Master:** There is a child spirit on you—a child from an abortion or a miscarriage, and it has not left.

**I:** I do not know.

**Master:** You do not know... Quick, recite Little Houses to ascend it!

**I:** I only came into contact with the Dharma Door in August.

**Master:** That is too short a time—hurry up and recite.

**I:** Mm, I am working hard on it. How is my daily recitation going, Master?

**Master:** Your daily recitation is okay.

**I:** OK. How is the quality of the Little Houses?

**Master:** The quality of the Little Houses is pretty good.

**I:** Oh, that is great!

**Master:** Your main issue right now, you need to be careful; you are seriously deficient in calcium.

**I:** Oh, okay, okay.

**Master:** Your hands often tremble.

**I:** They go numb!

**Master:** Numb, right?

**I:** Yes, yes, yes.

**Master:** Be very careful. And your teeth are all in bad shape.

**I:** Yes, exactly.

**Master:** Calcium deficiency.

**I:** Yes. Master, may I ask about the home Buddhist altar? Has any Bodhisattva come?

**Master:** Your Buddhist altar is actually quite good.

**I:** Really?

**Master:** Mm, Bodhisattvas have come.

**I:** It forms the lotus every time!

**Master:** Of course.

**I:** Yes, yes.

So, I began reciting the Little House. I made a vow to recite 21 Little Houses in the first batch, praying to Guan Yin Bodhisattva to bless me and help me recover.

Next, I would like to share with everyone the miraculous efficacy of the Little Houses. For three consecutive nights, I had three dreams.

When I was reciting the 19th Little House, one night a gentleman appeared in my dream and said to me, “Your Little Houses cannot

be used, because they are very blurry.” When I woke up, I did not understand why. So, I took out the unused Little Houses, i.e., those that had not yet been dotted, brand new ones, to take a look. I was shocked. Indeed, all of them were printed very blurry. So, I took all the unused Little Houses back to the group cultivation center to exchange them for new ones.

On the second night, I had another dream. I dreamed that I was driving on a highway. There was a toll booth in front of me. I could not pass through. The screen at the toll booth showed that I owed three dollars. This truly corresponded to the fact that I still owed three Little Houses. I had made a vow to recite 21, but I had only recited up to 19. Since the 19th could not be used, then the 19th, 20th, and 21st added up to exactly three, just like the three dollars I owed!

On the third night, I had another dream. I dreamed that a gentleman wearing a white robe came into my dream and said to me, “If I can take lotus flowers from your body, you will be fine.” Then he stretched out both hands, reached into my abdomen, pulled out several lotus flowers, and showed them to me. He said, “You are fine now. You may go.”

The next day happened to be the day I went to the hospital for a re-examination and a full-body checkup. When the results came out, the doctor could not find any tumor cells. All my blood indices were normal, and the tumor previously found in my lower back was also gone. Deep gratitude to Namo Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva! I am truly, deeply grateful.

Thus, I continued to apply Master Lu’s Three Golden Buddhist Practices, making vows, reciting Buddhist scriptures, and releasing lives. Until today, I persist in reciting the Little Houses for my karmic creditors.

On May 10, I went to the hospital again for another full-body examination. The result was the same: all cancer cells had completely disappeared.

Thank you, Guan Yin Bodhisattva. With deep gratitude!

I was also fortunate enough to get through on the Master’s call-in program to have my dreams interpreted. I asked Master why I had previously dreamed that the image of Guan Yin Bodhisattva was upside down. Master explained it in one sentence: “Because in your heart, the Bodhisattva had fallen.” This truly reflected my state of mind at that time. I was deeply disappointed in the Buddhas and Bodhisattvas. Master came into my dream to give me confidence, and thus lifted the Bodhisattva image upright again. Thank you, Guan Yin Bodhisattva! Thank you, Master! The following is our conversation.

**Q&A 2. Dream of Master Raising the Fallen Buddha Statue [17]**

**I:** Hello, Master! When I had just started practicing this Dharma Door, I did not know much about the Master. One night, I dreamed of temples and red houses. I dreamed of a very large ancient temple, with a huge Buddha statue at the back and some graves beside it. I was very scared and ran into the temple. Suddenly, I saw a gentleman in a suit walk in. At that time, I did not know who He was. Then I saw the Buddha statue fall, and the gentleman in the suit lifted it back up. Now the more I look at it, the more He resembles Master.

**Master:** It is good that you understand now.

**I:** I saw Master lift the fallen Buddha statue, then I ran out of the

temple. What does this mean, Master?

**Master:** It means that the Buddha in your heart had already fallen, had disappeared. Master helped you lift the Buddha in your heart again.

The Dharma is profound and vast, like a treasure basin from which endless treasures can be drawn. I do not know what the future holds, but I am doing very well now. The Guan Yin Citta Dharma Door has brought liberation to my soul. The selfless dedication of our compassionate teacher, Master Lu, has deeply moved me. I urge everyone to cherish each day, to cherish every family member and every friend around you. The path of practicing Buddhism is difficult, but it will benefit you for a lifetime. I hope my story can inspire everyone present to diligently practice Buddhism and cultivate sincerely in this Human Realm, so as to attain a more complete and fulfilling life. Thank you, everyone!

Shared by: N187  
2016-08-07

### Comments

- While she lay in her hospital bed, one night she heard a young girl crying intensely, which startled her awake. She asked the nurses to comfort the girl and tell her not to cry, but the nurses simply told her to rest, and then all left. Why had they made no effort to console the child?

What she heard, in fact, was the cry of the young girl's soul, which had temporarily left her body. She could hear this "soul crying," but the nurses could not. As a cancer patient, she was possessed by spirit(s), which endowed her with heightened spiritual perception.

Normally, the soul often leaves the body after passing. However, sometimes, the soul leaves the body even before passing.

Soon afterward, five Dharma Protectors appeared and stood around her bed. One of them said to the young girl, "You must go," meaning that her soul-not her body-must depart. This scene illustrated the death mechanism: the separation of soul and body. Thus, from a Dharma perspective, death is the moment when the soul leaves the physical form.

Later, when her family came to visit, she asked whether the young girl had been all right the previous night. They fell silent and did not respond. They avoided the question because the young girl had already passed away, and they did not want to cause her additional sorrow or emotional distress.

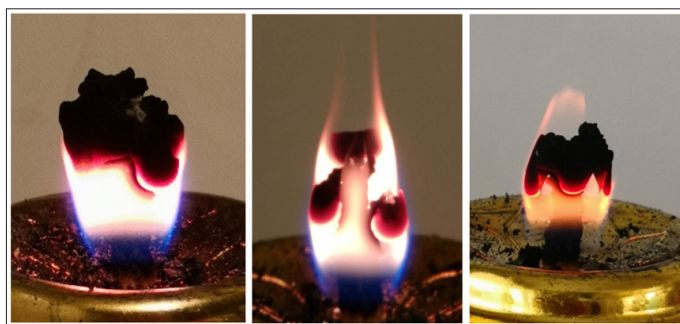
Of course, this interpretation remains speculative. Ultimately, everything should be based on Master Lu's reading of the totem.

- Those who practice the pray for Guan Yin Bhdhisattva are protected by Dharma protectors. Five Dharma Protectors stood around her hospital bed. As for that young girl, when her time came, she had to leave (die). This is the difference between practicing Buddhism and not practicing Buddhism.
- Hereditary cancer struck her suddenly at a young age. What was the underlying cause? It was very likely triggered by the child she had miscarried. Hereditary cancer suggests that the karmic obstacles of her ancestors were exceptionally heavy, and the miscarriage ignited the ancestral karma she was carrying.

Once an egg and a sperm unite, a spirit will enter it, and a life is formed. No matter at what stage the fertilized egg ceases to develop, it constitutes a miscarriage or an abortion. Regrettably, many people are unaware of this. The soul separates from the embryo and becomes a spiritual entity, which may attach itself to the mother or to one of her living children [7].

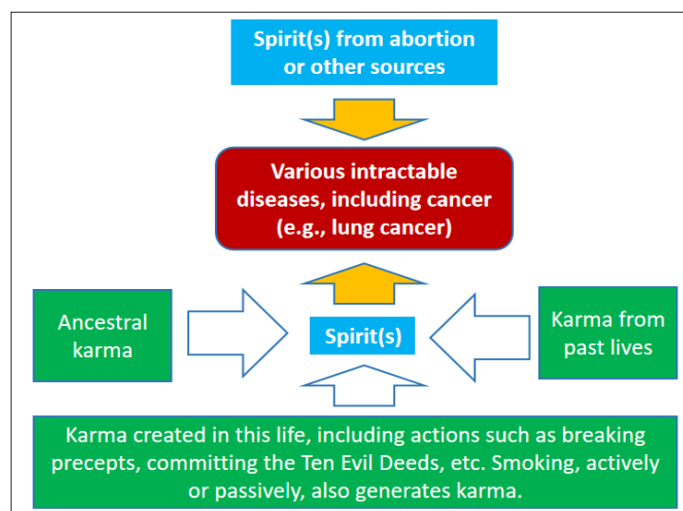
- As previously mentioned, lotus-shaped formations in oil lamp wicks are regarded as auspicious signs within Guan Yin Citta Dharma Door. They signify the presence or arrival of Bodhisattvas and/or Dharma Protectors. Their appearance indicates that your prayers have indeed been heard by the Bodhisattvas. They are here to bless you. The resolution of your difficulties will then occur in due course as long as you continue to cultivate diligently.

To illustrate the appearance of a lotus-shaped wick, we have provided a reference image Figure 2 and Figure 3



**Figure 2:** In the Guan Yin Citta Dharma Door Tradition, Lotus-Shaped Formations in Oil Lamp Wicks are Regarded as Highly Auspicious Signs

They are interpreted as symbolic indications of the presence or imminent arrival of Bodhisattvas and/or Dharma Protectors.



**Figure 3:** Schematic Representation of the Proposed Etiology of Lung Cancer from a Dharma-Based Perspective

While scientifically established risk factors may precipitate disease onset, the Dharma framework posits that spiritual determinants are fundamental to its development. Within this view, irrespective of whether the initiating trigger is material or non-material, the presence or attachment of one or more spirits is considered essential to the manifestation of the condition. Accordingly, unless

these spirits are ascended, the disease is believed to progress, with continued proliferation of oncogenic cells. Thus, cancer is interpreted as a spiritual disorder arising from the manifestation of karma—whether originating from ancestral lineage, past lives, the present life, or a combination thereof. This Dharma-based framework is presented as offering a comprehensive explanation for both hereditary patterns and disease progression. Consequently, Dharma-oriented therapeutic approaches emphasize the ascension of spirits and are regarded, within this perspective, as potentially effective even in advanced-stage disease.

Please note that this image was not taken from practitioner N187's Buddhist altar.

## Discussion

The successful case occurred in 2016. Over the subsequent decade, over 10 million patients worldwide (1.8 million deaths in 2022 alone) have died from lung cancer [18]. Apart from those who had reached the natural end of their lifespan, many others were either not fortunate enough to encounter the Dharma or encountered the Guan Yin Citta Dharma Door too late in the course of their illness. Consequently, they did not have the opportunity to practice this Dharma in time to potentially influence their disease trajectory.

Even though we live in an era blessed with communication technologies and media more advanced than at any time in human history, such tragedies continue to occur. This is deeply regrettable.

This reality confirms a Buddhist teaching: *the Dharma is difficult to encounter* (佛法难闻). Why is this so? The most important reason is that modern people possess too little karmic blessing (福报). The lack of blessings stems from heavy karmic obstacles (业障). The longer one remains in cyclic rebirth across the Six Realms, the heavier the accumulated karmic burden becomes. The heavier the karmic obstacles, the less likely one is to encounter the Dharma. Even if one does encounter it, deep karmic obstacles often lead to doubt, hesitation, or even abandonment of the practice.

Familial cancer provides a vivid example of severe collective karma (Case 1). Cancer itself is not directly inherited; rather, cancer susceptibility (an increased risk of developing cancer) can be inherited. At the biological level, inherited cancer susceptibility is caused by germline pathogenic variants, whereas cancer itself arises from acquired somatic mutations that drive tumor initiation and progression [19]. This notion reflects the prevailing medical understanding that genetic inheritance confers vulnerability rather than disease. However, from a Buddhist perspective, such biomedical explanations remain superficial, as they do not address the deeper karmic causes underlying these manifestations.

As discussed previously, genetic abnormalities in genes or chromosomes merely serve as markers of heavy karma. According to Dharma Master Lu, a child is born into a family in which the parents carry genetic abnormalities because they share a collective karmic connection, reflecting accumulated karmic conditions. This interpretation has been demonstrated across multiple real-world cases of genetic disease [20-23]. If this principle applies even to orthodox genetic disorders, there is even less reason to regard non-hereditary cancers as exceptions. From this perspective, cancer susceptibility should not be viewed as anomalous; rather, it represents a manifestation of heavy karma, which subsequently gives rise to what is medically labeled as inherited cancer susceptibility.

In this specific case, nine family members developed cancer, and six of them died from the disease, indicating an exceptionally heavy collective karma. Subsequently, the patient experienced a miscarriage. Although she was unaware at the time, the loss of a fetus constitutes a form of killing karma, further compounding her karmic burden. The spirit of the unborn child became attached to her body, and together with her accumulated heavy karma, contributed to the onset of cancer and its subsequent metastasis to the spinal region.

Throughout the course of her illness, karmic and spiritual factors played a dominant role in the development of her cancer, while genetic predisposition, if present at all, served only a secondary function, acting primarily as an indicator of heavy karma. This interpretation is further supported by her subsequent treatment through Golden Buddhist Practices, which led to the healing of cancerous cells, even after metastatic spread. Such outcomes underscore the primacy of karmic resolution and spiritual intervention in addressing disease at its fundamental root.

Building upon our previous report of successful treatment in late-stage lung cancer, this study presents a second detailed case of recovery from metastatic lung cancer following sustained practice of the Guan Yin Citta Dharma Door [8]. This case underscores a holistic therapeutic framework that integrates conventional oncologic management with structured spiritual cultivation.

In contrast to standard biomedical paradigms, which primarily emphasize tumor biology, genetic alterations, and pharmacologic interventions, this work and our previous work demonstrate tumor disappearance and normalization of biochemical markers, suggesting that spiritual factors may warrant systematic investigation in the comprehensive management of advanced malignancies.

We cannot entirely exclude the possibility of spontaneous regression because, although rare, a small number of patients with metastatic lung cancer have indeed been reported to recover spontaneously [24-26]. In conventional medicine, this phenomenon is often attributed to enhanced immune responses. However, this explanation raises an important question: why and how are only a very small fraction of patients able to develop such immune responses, while millions of others are not? Thus, the purely biomedical explanation remains incomplete.

From the perspective of Dharma, this phenomenon can be interpreted differently. When a patient's karmic debts are fully repaid, the obstructing spiritual influences depart, allowing the immune system to resume normal functioning. For the small fraction of patients whose immune systems recover, their karmic debts may have been repaid through the physical and psychological suffering associated with illness and medical treatments, including chemotherapy, surgery, radiotherapy, and other interventions. Because repayment through bodily suffering is relatively inefficient, only a very small number of patients are able to fully repay these karmic debts in this way because their karma is not heavy. As a result, only a few individuals recover, while many others are unable to repay the debts within their lifetime and may continue this process in the next life.

In contrast, according to Dharma teachings, repaying karmic debts through practices such as offering Little Houses is considered much more efficient—approximately ten times faster than repayment through bodily suffering. This may explain why Dharma-based practices are regarded as particularly effective at handling the

intractable diseases [6].

The case reported in this paper does not involve the possibility of spontaneous regression, as her dreams of repaying karmic debts corresponded precisely and temporally with her clinical recovery (Case 1). Similarly, in our previous report of late-stage lung cancer, recovery cannot be attributed to spontaneous regression, because the patient became energetic immediately after repenting her karma by reciting the *Eighty-eight Buddhas Great Repentance* 87 times. Furthermore, her rapid recovery closely followed her diligent practice of one Dharma Door [8], demonstrating a clear temporal and causal association.

The integrative model advocated here does not reject conventional oncology but rather proposes complementation. Surgical intervention, chemotherapy, radiotherapy, and immunotherapy remain essential tools for symptom control and survival extension. However, addressing spirit dimensions may enhance therapeutic responsiveness, mitigate psychological distress, and improve overall quality of life. The synergy between medical treatment and Buddhist practice underscores the potential value of integrative oncology frameworks that incorporate psychosocial, ethical, and spiritual dimensions into patient care.

In summary, this case highlights the potential role of sustained Dharma practice in facilitating recovery from advanced cancer and calls for broader exploration of integrative therapeutic models. As modern medicine increasingly recognizes the importance of holistic patient-centered care, incorporating spiritual dimensions may provide new avenues for understanding disease mechanisms, enhancing resilience, and improving outcomes in patients with terminal or refractory malignancies.

### Conclusion

This study presents a compelling case of recovery from metastatic lung cancer following sustained practice of the Guan Yin Citta Dharma Door, highlighting the potential value of an integrative medical-spiritual framework in the management of late-stage malignancies. While conventional oncologic therapies remain essential for tumor control and symptom palliation, their limitations in achieving durable remission in advanced disease underscore the need for broader conceptual models that address deeper etiological dimensions.

The clinical outcome observed in this case supports the concept that karmic factors and spiritual attachment may play a contributory role in cancer pathogenesis and progression. Through intensive application of the Three Golden Buddhist Practices, making vows, reciting Buddhist scriptures, and performing life liberation, the patient experienced complete remission after conventional treatments had failed. This outcome suggests that resolving karmic obstacles and ascending attached spirits may facilitate biological recovery, even in conditions traditionally regarded as incurable.

Although the findings are limited by the single-case design and the absence of controlled clinical validation, they provide a meaningful basis for further interdisciplinary investigation. Future studies integrating oncology, psychology, and spiritual science may help evaluate reproducibility and potentially benefit patients at various stages of cancer.

This work contributes to a growing body of evidence indicating that holistic approaches incorporating spiritual cultivation may complement conventional cancer therapy, enhance patient

resilience, and, in selected cases, contribute to profound clinical recovery. Such perspectives may broaden contemporary understanding of disease causation and open new pathways for compassionate, patient-centered care in advanced cancer.

### Acknowledgments

Dharma practitioners Shangen and Rachel assisted in the manuscript preparation process. Their work is greatly appreciated.

On Master Jun Hong Lu's blog, numerous healing experiences are documented. For the Chinese website, please refer to (<http://www.lujunhong2or.com>). For the English website, please refer to (<https://guanyincitta.com>). Without exception, these cases bear witness to the truth of the Dharma.

### Conflict of Interest

No.

### Financial Support

None.

### Ethical Statement

The author did not take part in any part of the experimental design, experimental treatments and result analysis of the patients. All the experimental procedures and practices by the presenters were done by themselves independently.

### Statement by Translator and Writer

The case presentation in the text was translated from Chinese to English based on their intended meaning rather than a word-for-word approach. The remaining portions of the paper were written based on my limited understanding of Guan Yin Citta Dharma Door. If there are any inaccuracies or deviations from the true meaning of the Chinese version, or if the content does not accurately reflect Master Lu's teachings, I sincerely seek forgiveness from the Greatly Merciful and Greatly Compassionate Guan Yin Bodhisattva, all Buddhas and Bodhisattvas, Dharma Protectors, and Master Jun Hong Lu.

### Disclaimer of Liability

The contents of the presentation, comments, and discussion, including text, images, and other information obtained from Dharma practitioners, are provided strictly for reference purposes. Due to the unique nature of individual karma, results similar to those experienced by the practitioner may not be replicated. The experiences and advice shared should not be construed as medical advice or a diagnosis.

In the event of an emergency, it is crucial to promptly contact your doctor or emergency services by dialing 911. Relying on any information found in this paper is done solely at your own risk. The author bears no responsibility for the consequences. By using or misusing the contents, you accept liability for any personal injury, including death. It is imperative to exercise caution and seek professional medical guidance for health-related concerns.

### References

1. (2026) Lung cancer. WHO [https://www.who.int/news-room/fact-sheets/detail/lung-cancer?utm\\_source=chatgpt.com](https://www.who.int/news-room/fact-sheets/detail/lung-cancer?utm_source=chatgpt.com).
2. Dettlerbeck FC, Pieter EP, Lynn TT (2013) *The Stage Classification of Lung Cancer: Diagnosis and Management of Lung Cancer*, 3rd ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines. PubMed 143: e191S-e210S.

3. Zappa C, Mousa SA (2016) Non-small cell lung cancer: current treatment and future advances. *Translational Lung Cancer Research* 5: 288-300.
4. Gay CM, Allison CS, Elizabeth MP, Lixia Diao, Sarah MG, et al. (2021) Patterns of transcription factor programs and immune pathway activation define four major subtypes of SCLC with distinct therapeutic vulnerabilities. *Cancer Cell* 39: 346-360.e7.
5. (2025) American Cancer Society Lung Cancer Survival Rates. *Cancer Facts & Figures* (updated June 2025; based on SEER data from NCI for diagnoses 2015–2021). <https://www.cancer.org/cancer/types/lung-cancer/detection-diagnosis-staging/survival-rates.html>.
6. Yang X (2024) Treating Rare and Intractable Diseases via Guan Yin Citta Dharma Door. *Health Sci J* 18: 1137.
7. Yang X (2026) Life is Composed of Soul and Body. *Haya Saudi J Life Sci* 11: 59-87.
8. Yang X (2025) Breast Cancer: True Causes and A Natural Path to Healing. *Journal of Cancer and Oncology Care* 1: 1-10.
9. Yang X (2026) Surviving Metastatic Liver Cancer. *J Chem Can Res* 4: 1-10.
10. Davila DG, Williams DE (1993) The etiology of lung cancer. *Mayo Clin Proc* 68: 170-182.
11. Schabath MB, Cote ML (2019) Cancer Progress and Priorities: Lung Cancer. *Cancer Epidemiol Biomarkers Prev* 28: 1563-1579.
12. Krabbe J, Steffens KM, Drießen S, Kraus T (2024) Lung cancer risk and occupational pulmonary fibrosis: systematic review and meta-analysis. *Eur Respir Rev* 33: 230224.
13. Pallis AG, Syrigos KN (2013) Lung cancer in never smokers: disease characteristics and risk factors. *Crit Rev Oncol Hematol* 88: 494-503.
14. Smolarz B, Łukasiewicz H, Samulak D, Piekarska E, Kołaciński R, et al. (2025) Lung Cancer-Epidemiology, Pathogenesis, Treatment and Molecular Aspect (Review of Literature). *Int J Mol Sci* 26: 2049.
15. Lu JH (2015) Severe calcium deficiency, numbness in hands, and poor teeth; a child who had fallen has not left; a Bodhisattva appears at the Buddhist altar. *zongshu20151112* 35:45.
16. Lu JH (2015) I dreamt that my master stood up the fallen Buddha statue. *shuohua20151113* 05:40.
17. (2026) International Agency for Research on Cancer. World Health Organisation (WHO). IARC <https://www.iarc.who.int/cancer-type/lung-cancer/>.
18. Hodgson SV, Foulkes WD, Maher ER, Turnbull C (2025) Inherited Susceptibility to Cancer: Past, Present and Future. *Ann Hum Genet* 89: 354-365.
19. Yang X (2024) Etiology and Treatment of Glutaric Aciduria Type I. *J Clin Med Img* 8: 1-13.
20. Yang X (2025) Etiology and Treatment of Prader-Willi Syndrome. *EAS J Biotechnol Genet* 7: 13-18.
21. Yang X (2025) Insight into Down Syndrome and its Rehabilitation. *J Pediatr Res Rev Rep* 7: 1-12.
22. Yang X (2025) Addressing Male Genetic Infertility through Buddhist Practice. *J Gyne Womens Heal Care* 1: 1-9.
23. Lopez-Pastorini A, Plönes T, Brockmann M, Corinna Ludwig, Frank Beckers, et al. (2015) Spontaneous regression of non-small cell lung cancer after biopsy of a mediastinal lymph node metastasis: a case report. *J Med Case Reports* 9: 217.
24. Ogawa R, Watanabe H, Yazaki K, Fujita K, Tsunoda Y, et al. (2015) Lung cancer with spontaneous regression of primary and metastatic sites: A case report. *Oncol Lett* 10: 550-552.
25. Park YH, Bo Mi Park, Se Yeon Park, Jae Woo Choi, Sun Young Kim, et al. (2016) Spontaneous regression in advanced squamous cell lung carcinoma. *J Thorac Dis* 8: E235-E239.

**Copyright:** ©2026 Xinghong Yang. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.