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A Philosophical Evaluation of the Role of Yoga in the Treatment of Cancer

Dr. Sanjay Kumar Tiwari[1], Shashwat Tiwari[2]

[1]Assistant Professor, Department of Philosophy, Deen Dayal Upadhyaya Gorakhpur University, Gorakhpur, Uttar Pradesh, India
[2]B. Pharm. 2nd Year, Institute of Pharmacy, Deen Dayal Upadhyaya Gorakhpur University, Gorakhpur, Uttar Pradesh, India

Abstract

Cancer is one of the most significant health challenges of the contemporary world, not merely because of its biological complexity but also because of the profound psychological, existential, social, and spiritual suffering experienced by patients and their families. Modern oncology has achieved remarkable advances through surgery, chemotherapy, radiotherapy, immunotherapy, targeted therapy, and precision medicine; nevertheless, cancer treatment frequently involves fatigue, anxiety, depression, sleep disturbance, pain, reduced functional capacity, uncertainty, and diminished quality of life. In this context, yoga has increasingly attracted scholarly attention as a complementary mind-body intervention. The present paper offers a philosophical evaluation of the role of yoga in cancer care by bringing classical Yoga philosophy into dialogue with contemporary evidence-based medicine.

The paper argues that the philosophical significance of yoga lies primarily in its holistic understanding of the human person. Patañjali's conception of yoga as citta-vṛtti-nirodha, together with the ethical disciplines of yama and niyama, āsana, prāṇāyāma, pratyāhāra, dhāraṇā, dhyāna, and samādhi, provides a framework for understanding health not merely as the absence of disease but as an integrated condition involving bodily regulation, mental equilibrium, disciplined awareness, and existential orientation. Contemporary research provides encouraging evidence that yoga may reduce cancer-related fatigue, anxiety, psychological distress, and some treatment-related symptoms, and may improve aspects of quality of life. However, the evidence remains heterogeneous, and recent high-quality reviews emphasize uncertainty concerning long-term outcomes and methodological limitations. Importantly, there is currently no adequate scientific basis for claiming that yoga independently cures cancer or should replace evidence-based oncological treatment.

The paper therefore proposes a complementary and integrative model of cancer care in which yoga functions as an adjunct to conventional oncology. Its philosophical value lies not in promising miraculous eradication of malignancy but in supporting the patient's physical resilience, psychological balance, self-awareness, dignity, agency, and capacity to live meaningfully amid illness. Such an interpretation is both philosophically defensible and compatible with contemporary evidence-based medicine.

Keywords: Citta-vṛtti-nirodha, Prāṇāyāma, Yoga Philosophy and Cancer Care, Integrative Oncology, Mind-Body Intervention and Quality of Life

INTRODUCTION

Cancer presents a distinctive challenge to both medicine and philosophy. Biomedically, cancer involves uncontrolled cellular proliferation, invasion, and, in many cases, metastasis. Existentially, however, a diagnosis of cancer frequently confronts an individual with questions concerning mortality, suffering, identity, meaning, hope, autonomy, and the value of life. Thus, cancer cannot adequately be understood solely as a pathological event occurring in bodily tissue. It is also an experience that affects the person as a whole.

The contemporary treatment of cancer has become increasingly sophisticated. Surgery, chemotherapy, radiotherapy, hormonal treatment, immunotherapy, targeted therapies, and other approaches have substantially improved outcomes for many forms of cancer. Nevertheless, treatment can produce significant adverse effects.

Cancer-related fatigue, anxiety, depression, insomnia, pain, nausea, reduced physical functioning, and psychological distress can continue during treatment and, in some patients, after treatment.

It is within this context that complementary and integrative approaches have received increasing attention. Yoga is particularly significant because it combines physical movement, breathing regulation, relaxation, concentration, and meditation. The United States National Center for Complementary and Integrative Health notes that yoga originated as a spiritual practice within Indian traditions but is now also studied as a mind-body practice for physical and psychological well-being.

The central question of the present study is therefore not simply, **"Does yoga cure cancer?"** Such a question risks reducing a multidimensional philosophical and therapeutic tradition to a single biomedical outcome. A more appropriate question is:

What role can yoga reasonably and philosophically defensibly play in the care of a person suffering from cancer?

This distinction is crucial. Current evidence does not establish yoga as an independent curative treatment for cancer. The National Center for Complementary and Integrative Health explicitly cautions that no complementary health approach has been demonstrated to prevent or cure cancer and advises patients not to replace or delay conventional cancer treatment with complementary practices. At the same time, it recognizes that yoga may help manage cancer symptoms and treatment-related side effects.

The philosophical evaluation undertaken here consequently seeks a middle position between two extremes: **uncritical advocacy** of yoga and **unwarranted dismissal** of its therapeutic significance.

OBJECTIVES OF THE STUDY

The principal objectives of this paper are:

1. To examine the philosophical conception of yoga in the classical Indian tradition.
2. To clarify the relationship between yoga, health, suffering, and human flourishing.
3. To examine contemporary scientific evidence concerning yoga and cancer care.
4. To evaluate the possible role of yoga in managing cancer-related fatigue, anxiety, psychological distress, sleep problems, and quality of life.
5. To critically examine claims concerning yoga's influence upon immunity, inflammation, and biological processes associated with cancer.
6. To distinguish between **supportive therapeutic value** and the scientifically unsubstantiated claim of **cancer cure**.
7. To develop a philosophical framework for integrating yoga with contemporary oncology.
8. To identify ethical and methodological limitations in current research.

RESEARCH METHODOLOGY

The present study employs an **interdisciplinary philosophical-analytical methodology**.

Primary and classical sources relating to Yoga philosophy—including Patañjali's *Yoga Sūtra*, the *Bhagavad Gītā*, and selected Upaniṣadic perspectives—are interpreted through philosophical analysis. Particular attention is given to the concepts of:

- *Duḥkha* (suffering),
- *Citta-vṛtti-nirodha*,
- *Abhyāsa* and *vairāgya*,
- *Yama* and *niyama*,
- *Āsana*,
- *Prāṇāyāma*,
- *Dhyāna*,
- *Kleśa*,
- *Viveka*, and
- Holistic well-being.

Contemporary scientific evidence was examined through peer-reviewed systematic reviews, meta-analyses, randomized controlled trials, and authoritative health-agency material. Particular emphasis was placed on evidence concerning:

- Cancer-related fatigue,
- Anxiety and psychological distress,
- Depression,
- Quality of life,
- Sleep,
- Inflammation and immune biomarkers,
- Safety, and
- The limitations of current evidence.

Recent evidence is especially important because the literature on yoga and cancer has evolved considerably. A 2025 Cochrane review identified 21 randomized controlled trials involving 2,041 people with cancer and concluded that the evidence for benefits concerning fatigue and quality of life remains very uncertain, emphasizing the methodological limitations and small sample sizes of existing trials.

THE PHILOSOPHICAL MEANING OF YOGA

One of the most important conceptual errors in contemporary discussions is to equate yoga with physical stretching or *āsana*. Classical Yoga is substantially broader.

Patañjali defines yoga in the second aphorism of the

Yoga Sūtra: **योगश्चित्तवृत्तिनिरोधः।**

Yogaś citta-vṛtti-nirodhaḥ.

Yoga is the restraint or cessation of the modifications of consciousness/mind (*citta*).

This definition indicates that yoga is fundamentally concerned with the transformation of consciousness rather than merely physical flexibility.

The physical body nevertheless has an important place within the yogic system. Patañjali's eightfold path consists of:

1. *Yama*
2. *Niyama*
3. *Āsana*
4. *Prāṇāyāma*
5. *Pratyāhāra*
6. *Dhāraṇā*
7. *Dhyāna*
8. *Samādhi*

Thus, yoga encompasses ethical discipline, physical discipline, regulation of breathing, withdrawal of the senses, concentration, meditation, and higher states of consciousness.

Contemporary clinical yoga frequently employs only selected elements of this larger philosophical system. This distinction should be maintained when evaluating scientific research.

Yoga, Suffering and the Problem of *Duḥkha*

Suffering occupies a central position in Indian philosophical traditions. Patañjali begins his analysis of human bondage by examining *kleśas*—fundamental sources of psychological disturbance.

The five principal *kleśas* are:

- *avidyā* — ignorance,
- *asmitā* — ego-identification,
- *rāga* — attachment,
- *dveṣa* — aversion,
- *abhiniveśa* — clinging to life/fear of dissolution.

The experience of cancer can intensify several of these existential dimensions. A patient may experience fear of death, uncertainty concerning the future, attachment to bodily identity, anxiety concerning treatment, and aversion toward pain.

From a yogic philosophical perspective, therefore, suffering is not simply a biological phenomenon. It has cognitive, emotional, existential, and relational dimensions.

Yoga does not necessarily eliminate the physical fact of disease. Rather, its philosophical objective is transformation in the individual's relationship with experience.

This distinction is crucial for cancer care.

A person may not be able to control the existence of a malignant tumour, but may acquire greater capacity to regulate attention, anxiety, emotional responses, breathing, bodily awareness, and attitudes toward suffering.

Yoga and the Holistic Conception of the Human Person

The philosophical significance of yoga becomes particularly clear when contrasted with reductionist conceptions of health.

The *Taittirīya Upaniṣad* presents the celebrated model of the five *kośas*:

1. *Annamaya kośa* — physical/material dimension
2. *Prāṇamaya kośa* — vital-energy dimension
3. *Manomaya kośa* — mental-emotional dimension
4. *Vijñānamaya kośa* — intellectual/discriminative dimension
5. *Ānandamaya kośa* — dimension of profound well-being/bliss

Although the *kośa* doctrine should not be confused with modern anatomy or physiology, philosophically it offers an important model of human existence as multidimensional.

Cancer treatment similarly requires multidimensional care.

A patient may simultaneously experience:

- Physical weakness,
- Disturbed breathing,
- Anxiety,
- Depression,

- Fear,
- Loss of autonomy,
- Altered body image,
- Social isolation,
- Existential uncertainty.

Consequently, an adequate philosophy of cancer care should not regard the patient exclusively as a biological organism.

Yoga provides a conceptual language for understanding the patient as an integrated **body-mind-consciousness person**.

Yoga and Cancer: Contemporary Scientific Evidence (Yoga as Supportive Care Rather Than Cancer Cure)

The first philosophical and scientific conclusion must be stated clearly: **There is insufficient evidence to claim that yoga independently cures cancer.**

The NCCIH states that no complementary health approach has been shown to prevent or cure cancer. It nevertheless acknowledges that yoga may contribute to symptom management and supportive cancer care.

Therefore, the appropriate formulation is: **Yoga may function as a complementary or supportive intervention in cancer care, particularly for selected physical and psychological symptoms, but it should not replace evidence-based oncological treatment.**

This distinction protects both scientific integrity and patients.

Yoga and Cancer-Related Fatigue

Cancer-related fatigue (CRF) is among the most prevalent and distressing symptoms associated with cancer and its treatment.

Earlier research suggested beneficial effects. A systematic review of randomized controlled trials found that yoga may reduce fatigue among cancer patients and survivors, particularly women with breast cancer, although methodological limitations required caution in interpreting the findings.

A later meta-analysis of 29 studies involving 1,828 cancer patients found a statistically significant small reduction in fatigue associated with yoga. The effect was also influenced by yoga type and by the nature of the comparison group.

A 2021 systematic review and meta-analysis of 16 randomized controlled trials concluded that yoga had a positive effect on cancer-related fatigue among patients undergoing chemotherapy and/or radiotherapy, although adherence was an important consideration.

More recently, however, the evidence has become more nuanced. The 2025 Cochrane review included 21 randomized trials with 2,041 participants and found that the evidence for yoga's effect on cancer-related fatigue during or after treatment was **very uncertain**.

This apparent contradiction is philosophically instructive.

It demonstrates that: **Promising evidence is not equivalent to conclusive evidence.**

A philosophical approach committed to *pramāṇa*—valid knowledge—should therefore reject both exaggerated enthusiasm and premature scepticism.

Yoga, Anxiety and Psychological Distress

Cancer is not merely a physiological disease; it can produce substantial psychological distress.

A 2025 systematic review and meta-analysis of 14 studies found that yoga significantly reduced cancer-related fatigue and anxiety among patients undergoing chemotherapy and/or radiotherapy. The analysis reported a standardized mean difference of −0.75 for fatigue and −0.91 for anxiety, although effects on depression and quality of life were less conclusive.

This finding has direct philosophical significance.

Yoga's psychological dimension includes:

- Regulation of attention,
- Controlled breathing,
- Meditative awareness,
- Reduction of mental agitation,
- Cultivation of equanimity,
- Disciplined observation of thoughts and emotions.

These processes may provide psychological resources for coping with uncertainty and suffering.

In this context, *dhyāna* should not be understood merely as relaxation. It represents a disciplined transformation of attention and consciousness.

Yoga and Quality of Life

Quality of life is an especially important outcome in cancer care because survival alone does not adequately represent therapeutic success.

A systematic review and meta-analysis involving women with breast cancer found that yoga produced statistically significant improvements in cancer-related fatigue and quality of life when compared with non-physical-activity controls, but not when compared with other physical activity.

This is a significant qualification.

If yoga performs similarly to other forms of physical activity, its benefit cannot automatically be attributed to uniquely mystical or metaphysical properties. Some benefits may arise through mechanisms common to structured physical activity, social participation, relaxation, attention regulation, and behavioural activation.

Nevertheless, yoga possesses a distinctive integrative feature: it combines movement, breathing, attention, and contemplative practice within one framework.

Yoga, Inflammation and Immune Function

One of the most interesting contemporary research areas concerns the relationship between yoga and inflammatory processes.

A systematic review and meta-analysis published in 2024 examined 26 studies of yoga and inflammatory or immune markers. Although most studies reported favourable findings, only two were assessed as having low risk of bias, while 24 had high risk of bias. The pooled effects on IL-6, TNF-α, and CRP were not statistically significant. The authors therefore concluded that the evidence remains of poor quality and heterogeneous.

Some individual cancer studies are nevertheless encouraging.

For example, a randomized controlled trial involving breast cancer survivors reported that an Iyengar yoga intervention was associated with reduced activity of the pro-inflammatory transcription factor NF-κB and other changes in inflammatory signalling.

Another randomized study of 96 women with stage II/III breast cancer undergoing chemotherapy and/or radiotherapy reported improvements in fatigue and functional measures in the yoga group and changes in selected interleukin levels.

Such studies are scientifically interesting, but they should not be interpreted as proof that yoga directly destroys cancer cells.

Philosophical caution

A reduction in an inflammatory biomarker is not equivalent to:

"Yoga cures cancer."

Between the two statements lies an enormous inferential gap.

A biomarker may be biologically relevant without being a validated surrogate for cancer survival or tumour eradication.

The Philosophical Significance of *Prāṇāyāma*

Prāṇāyāma occupies a central place in classical Yoga.

Patañjali defines it as the regulation of the movement of inhalation and exhalation:

तस्मिन् सति श्वासप्रश्वासयोर्गतिविच्छेदः प्राणायामः।

From a philosophical perspective, breath serves as a bridge between bodily processes and mental states.

Modern research similarly recognizes the relationship between breathing, autonomic regulation, stress responses, and psychological states.

However, cancer patients constitute a medically heterogeneous population. Lung disease, metastatic disease, recent surgery, cardiovascular limitations, severe fatigue, treatment-related complications, or other conditions may affect the suitability of particular breathing practices.

Accordingly, forceful or advanced *prāṇāyāma* should not be indiscriminately prescribed.

Gentle, medically appropriate breathing practices under qualified supervision may be more appropriate in supportive care.

***Āsana* and Embodied Well-being**

The philosophical conception of *āsana* in classical Yoga differs from its modern popular interpretation.

Patañjali states:

स्थिरसुखमासनम्।

Sthira-sukham āsanam.

Āsana should be stable and comfortable.

This principle is particularly relevant to cancer care.

The objective should not be to maximize flexibility, achieve aesthetically impressive postures, or impose strenuous physical demands. Instead, the therapeutic emphasis should be on:

- Bodily comfort,
- Gentle mobility,
- Functional capacity,
- Breath awareness,
- Relaxation,
- Safe movement,
- Restoration of confidence in the body.

Thus, cancer-sensitive yoga should be **adaptive rather than competitive**.

Yoga and the Transformation of the Experience of Illness

The most profound contribution of Yoga philosophy may not be biochemical at all.

It may lie in transforming the **subjective experience of illness**.

Cancer can produce an altered relationship with the body. Patients may begin to experience their body as:

- A source of pain,
- An object of medical intervention,
- An unpredictable entity,
- A reminder of mortality.

Yoga can potentially create another relationship with embodiment: the body as something that can be observed, respected, gently inhabited, and cared for.

This is philosophically important.

Yoga does not necessarily say:

"The body must be conquered."

Rather, the mature yogic attitude can be understood as:

"The body, breath and mind should be brought into a disciplined and harmonious relationship."

Such an approach may support dignity during prolonged medical treatment.

Yoga and the Problem of Death

Cancer inevitably raises the philosophical question of mortality.

Patañjali identifies *abhiniveśa*—clinging to life—as a fundamental *kleśa*. The concept should not be interpreted as an instruction to become indifferent to life. Rather, it identifies the deep existential anxiety associated with mortality.

The *Bhagavad Gītā* similarly develops the ideal of disciplined action without debilitating attachment to outcomes.

For the cancer patient, such philosophical resources may facilitate a distinction between:

- Hope and denial,
- Acceptance and resignation,
- Detachment and indifference,
- Courage and recklessness.

This is one of the areas where philosophical yoga can potentially contribute something beyond ordinary physical exercise.

Yoga and the Restoration of Agency

Serious illness can deprive individuals of a sense of control.

The treatment schedule may be determined by physicians. The body may respond unpredictably. The patient may become dependent upon family members and healthcare institutions.

A carefully designed yoga programme can give the patient a modest but meaningful sphere of self-directed activity.

The individual may consciously participate in:

- Breathing,
- Movement,
- Relaxation,
- Meditation,
- Attention,

- Daily routine.

The philosophical value of this agency should not be underestimated.

The patient ceases to be merely the **object of treatment** and becomes an active participant in the process of living with illness.

Yoga, *Abhyāsa* and Long-Term Discipline

Patañjali emphasizes *abhyāsa*—sustained practice.

अभ्यासवैराग्याभ्यां तन्निरोधः।

The regulation of mental fluctuations is cultivated through practice and non-attachment.

Cancer care often involves prolonged treatment and recovery. Consequently, the yogic emphasis on gradual, consistent practice may have psychological relevance.

However, adherence is a major issue in clinical yoga research. The effectiveness of any intervention depends partly upon whether patients are able and willing to practise it.

Thus, yoga programmes should be:

- Individualized,
- Realistic,
- Gradual,
- Medically appropriate,
- Culturally sensitive,
- Accessible,
- Sustainable.

Ethical Dimensions of Yoga in Cancer Care

A philosophical evaluation must also consider ethics. Patients should be free to accept or reject yoga. Yoga should never be imposed as a religious or ideological requirement within medical treatment. The principle of *ahiṃsā*—non-harming—is particularly relevant.

A cancer-sensitive yoga programme must avoid:

- Excessive physical strain,
- Painful postures,
- Unsafe inversions,
- Aggressive breathing practices,
- Unqualified therapeutic claims.

The NCCIH similarly advises that individuals with cancer should consult their healthcare providers because some aspects of yoga may be unsafe depending on the patient's condition.

Perhaps the most important ethical principle is intellectual honesty. A yoga teacher or therapist should never tell a patient: "Yoga will cure your cancer." Such claims may cause patients to discontinue effective treatment and can therefore produce serious harm. The yogic ideal of *karuṇā*—compassion—can inform the relationship between therapist, patient, family, and healthcare team.

Limitations of Current Research

Despite encouraging findings, the scientific literature has substantial limitations.

"Yoga" can mean:

- Hatha yoga,
- Iyengar yoga,
- Restorative yoga,
- Integrated yoga,
- Therapeutic yoga,
- Yoga meditation,
- Breathing practices,
- Combinations of several approaches.

Consequently, studies are not always directly comparable. Many clinical studies involve relatively small numbers of participants. A significant proportion of the evidence concerns women with breast cancer. This limits generalization to:

- Lung cancer,
- Colorectal cancer,
- Prostate cancer,
- Hematological malignancies,
- Childhood cancer,
- Advanced metastatic cancer.

Participants generally know whether they are receiving yoga. This creates potential expectancy and performance effects. Yoga may appear more effective when compared with a wait-list than when compared with another active exercise programme. This is demonstrated by previous meta-analytic evidence in which effects on fatigue and depression were larger against usual care or wait-list controls than against active interventions.

Long-term evidence remains inadequate. The recent Cochrane synthesis specifically emphasized uncertainty

concerning longer-term fatigue and quality-of-life outcomes.

A Philosophical Model for Integrative Cancer Care

On the basis of the foregoing analysis, a philosophically defensible model may be represented as follows:

Level I: Biomedical Treatment

- Surgery
- Chemotherapy
- Radiotherapy
- Immunotherapy
- Targeted therapy
- Hormonal therapy
- Precision oncology

Level II: Supportive Physical Care

- Appropriate physical activity
- Nutrition
- Physiotherapy
- Pain management
- Sleep management

Level III: Yogic Support

- Gentle *āsana*
- Appropriate *prāṇāyāma*
- Relaxation
- Meditation
- Mindful awareness

Level IV: Psychological Support

- Counselling
- Psychotherapy
- Social support
- Family support
- Management of anxiety and depression

Level V: Philosophical/Existential Care

- Meaning
- Acceptance
- Mortality
- Hope
- Compassion
- Self-awareness
- Dignity
- Spiritual well-being

The central principle is: **Yoga should complement oncology, not compete with oncology.**

Towards an Evidence-Based Philosophy of Yoga Therapy

The future of yoga research in oncology requires a closer dialogue between philosophy and empirical science.

Future studies should:

1. Clearly define the yoga intervention.
2. Distinguish *āsana*, *prāṇāyāma*, and meditation.
3. Use adequately powered randomized controlled trials.
4. Include diverse cancer populations.
5. Report adherence and adverse events.
6. Employ active control groups.
7. Examine long-term outcomes.
8. Measure clinically meaningful outcomes rather than relying exclusively on biomarkers.
9. Examine cost-effectiveness and accessibility.
10. Investigate patient-reported outcomes.
11. Integrate philosophical and spiritual dimensions without confusing them with biomedical mechanisms.
12. Develop standardized but adaptable therapeutic protocols.

A major methodological challenge is that the richness of Yoga philosophy cannot be completely captured by a single physiological variable.

DISCUSSION

The philosophical evaluation of yoga in cancer treatment yields a nuanced conclusion.

From the biomedical perspective, the strongest evidence concerns **supportive outcomes**, especially cancer-related fatigue, anxiety, psychological distress, and aspects of quality of life. Recent reviews show encouraging findings but also substantial uncertainty and heterogeneity.

From the philosophical perspective, Yoga offers a broader conception of the human being than a purely biomedical model. The person is not merely a diseased body but an embodied, conscious, emotional, relational, and meaning-seeking being.

This does not require rejection of modern medicine.

On the contrary, a genuinely philosophical understanding of Yoga should encourage epistemic discrimination. Different forms of knowledge have different objects and standards of validation. Oncology is indispensable for diagnosing and treating malignancy. Yoga may contribute to the patient's physical and psychological

capacity to undergo treatment and live with its consequences.

The philosophical error would be to confuse these roles.

Yoga's value therefore lies less in replacing oncology and more in **humanizing the experience of oncology**.

CONCLUSION

The role of Yoga in cancer care should be understood through a balanced synthesis of philosophical insight and scientific evidence.

Classical Yoga is fundamentally a discipline of transformation rather than merely a system of physical exercise. Patañjali's conception of *citta-vṛtti-nirodha*, the ethical principles of *yama* and *niyama*, the bodily discipline of *āsana*, regulation of *prāṇa*, and contemplative practices provide a sophisticated framework for understanding human suffering and psychological transformation.

Contemporary scientific research suggests that yoga may provide meaningful supportive benefits for some cancer patients, particularly in relation to fatigue, anxiety, psychological distress, and aspects of quality of life. Some studies also suggest possible effects upon inflammatory and stress-related biological processes. Nevertheless, these findings remain heterogeneous, and recent systematic evidence indicates that the certainty of evidence is often low or very low.

Consequently, the proposition that yoga **cures cancer** cannot presently be defended on adequate scientific grounds.

The more defensible conclusion is considerably more significant:

Yoga can be understood as a complementary philosophy and mind-body practice that may assist certain cancer patients in managing symptoms, strengthening psychological resilience, cultivating bodily awareness, reducing distress, and preserving dignity and quality of life during and after conventional cancer treatment.

Its greatest contribution may therefore be neither exclusively physiological nor exclusively psychological. It lies in its holistic understanding of the human person.

Cancer may challenge the body, but it also challenges the patient's sense of identity, meaning, agency, hope, and mortality. Yoga provides a philosophical vocabulary and disciplined practice through which these dimensions may be approached with greater awareness and equanimity.

The future of cancer care should consequently not be conceived as a conflict between modern medicine and Yoga. A scientifically responsible integrative approach can allow each to operate within its appropriate epistemic and therapeutic domain.

Modern oncology seeks to treat the disease; Yoga may help the person live through the disease and its treatment.

That distinction constitutes the philosophical foundation for a responsible integration of Yoga into contemporary cancer care.

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