



APPROACH TO CANCER – INTEGRATED OR STANDALONE?

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INTRODUCTION

Cancer is considered to be a lifestyle disease which in view of general public is synonymous with morbidity and mortality. Head and neck cancers have a multifactorial aetiology but are generally associated with risk factors like smoking, alcohol or tobacco consumption and exposure to certain environmental carcinogens. The progress of the disease may follow an indolent course in some patients while a rapid downhill course may be encountered in other aggressive variants. In all patients, a sequential change is seen in a normal cells where they initially convert into dysplastic cells followed by a cancer cell bearing no similarity to the parent cell.

The conventional treatment approaches generally followed are surgery, radiotherapy or chemotherapy with all these modalities trying to target the pathologic cancer cell. Either a single mode of treatment may be used or concomitant modalities may be used depending upon the size, location, stage of disease and the general health of the patient. Though each of these modalities is associated with proven improved survival rates, they are associated with certain morbidities like mutilation, pain, GI intolerance, weight loss, neutropenia, mucositis, and intolerance to therapy, second primary, and failure of therapy, recurrence or even mortality. Moreover quite a considerable number of patients present in an advanced stage resulting in poor survival rates and inferior quality of life. [1]

National institute of health USA defined Complementary and Alternative Medicine (CAM) as a group of diverse healthcare system, products and practices which are not generally a part of conventional medicine. It may comprise of herbal medicines or other naturally derived formulations, mind – body techniques like hypnosis, massages, acupressure, meditation or yoga, diet and traditional medicinal practices like Ayurveda, unani, homeopathy etc. [2] CAM is often used for minor ailments complementary to conventional medicine but its use as complete alternative to medicine is limited due to insufficient data which proves its efficacy.

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Advances in treatment of cancer are continuously going on with an aim to not only improve the survival statistics but also to improve the quality of life. Due to the fear of the disease itself and notable adverse effects of conventional treatment, apprehensive patients opt for alternative modalities of treatment. According to a study by Rosen *et al* the top five modalities which patients used were massage therapy, chiropraxy, special diets, herbal tea, and yoga. The various treatment modes that we have encountered amongst our patients are Ayurveda, homeopathy, acupressure, Tibetan medicine and unani medicine. Patients either opt for these modalities along with conventional treatment protocol being followed or sometimes rely solely on these alternative forms due to the fear of the disease and morbidities associated with traditional treatment modalities.

The role of conventional and alternative medicine was scrutinised and researched by the authors when they came across an interesting case of a 60 year old male patient who presented with carcinoma base of tongue with T2N1M0 and was advised radiotherapy. The patient however did not turn up for the planned treatment and again presented for follow up after 6 months postreceiving treatment from a traditional Tibetan medicine practitioner. On examination surprisingly the malignancy had regressed.

Usually allopathic practitioners look upon alternative medicine treatment protocols with disdain. However, on research we found studies indicating that several chemotherapy drugs have origin from natural sources. Vinca alkaloids are derived from *Catharanthus* while etoposide and teniposide have a chemical structure similar to podophyllotoxin found in *Podophyllumpeltatum*. [1] Docitaxel and paclitaxel though can be made semi synthetically nowadays but till 1990 it was derived from chemicals of bark of the tree *Taxusbrevifolia* or *Taxuscontorta* (Himalayan yew tree).

There have been studies suggesting the role of leaves and bark of *MoringaOleifera* (MO) commonly found in Himalayas and several South East Asian countries having a chemoprotective role in colon and breast cancer patients. This is attributed to the compound Benzyl isothiocyanate along with multiple nutrients, vitamins and aminoacids found in MO. A study in

Saudi Arabia suggested 80-90% reduction in colony formation in cancer cell lines [3]

Studies are also underway to evaluate the effect of Mistletoe extracts in cancer patients. Mistletoe is a parasitic plant and it has been used since long in European countries in people with cancer. A qualitative interview study with 35 specialist doctors suggested that Mistletoe injections not only help stabilize the disease but also improve the quality of life in such patients. [4] CAM not only improve the QOL in patients undergoing orthodox treatments but also has a role in enhancing post treatment immunity. Ravindran D *et al* evaluated the role of a polyherbal compound VarunadiGhrita in treated head and neck cancer patients and observed a significantly increased count of CD 3, CD 19 and CD 16 cells suggesting an immunomodulatory affect and improved life quality in treated patients. [5]

The role of alternative medicine has been garnering increasing attention day by day. Foundation of integrative and alternative medicine (FAIM) has some reports regarding the efficiency of alternative medicines in various cancerous conditions in place of orthodox surgery, chemotherapy or radiotherapy. Similarly the independent cancer research foundation (ICRF) started by Webster Kehr gives an account of intravenous vitamin C therapy bringing a cure in cancer patients or probably extending life in few. This view is supported by Linus Pauling and Ewen Cameron, two noble prize winners.

Studies are further underway to know whether besides conventional therapies the whole bunch of alternative, complementary, holistic, herbal therapies as claimed by various workers are useful. Some of these are also in the form of Nutraceuticals like special vegetable juices, diets and vitamin preparations being used in various cancers.

Views of proponents of traditional therapies fall apart with critical supporters of mainstream medicine suggesting that these reports are not scientifically validated or supported by inadequate pharmaceutical trials. As a result these therapies have not attained recognition or have not been patented, but this does not necessarily mean that these alternative treatments be condemned or outrightly rejected. A study in US found that 79% subjects of cancer used atleast one of the CAM modalities, they also reported that this usage of alternative therapy did not significantly delay conventional cancer treatment. [6]Hence, acknowledging the patient's need and with a non-judgemental view, there is a need for comprehensive studies exploring the role of CAM in improving quality of life parameters in cancer patients.

All the leaders involved in therapeutics of oncology should come together for trials for such therapies which may bring authentic good results. In case trials prove beneficial, a breakthrough in mainstream therapies may be achieved with intent to improve quality of life. Not only the allopathic fraternity involved in oncology but others like nutritionists, ayurvedic, unani, homeopathic practitioners should collaborate openly for scientifically validated trials before accepting or dismissing the role of alternative therapies in cancer patients.

References

1. Cragg GM, Newman DJ. Plants as a source of anti-cancer agents. *Journal of Ethnopharmacology*. August 2005; 100(1-2): 72-79.
2. Warrick PD, Irish JC, Morningstar M, Gilbert R, Brown D, Gullane P. Use of Alternative Medicine Among Patients With Head and Neck Cancer. *Arch Otolaryngol Head Neck Surg*. 1999; 125(5):573-579. doi:10.1001/archotol.125.5.573
3. Al-Asmari AK, Albalawi SM, Athar MT, Khan AQ, Al-Shahrani H, Islam M. Moringaoleifera as an Anti-Cancer Agent against Breast and Colorectal Cancer Cell Lines. *PloS one*. 2015; 10(8):e0135814.
4. Kienle GS, Mussler M, Fuchs D, Kiene H. Intravenous Mistletoe Treatment in Integrative Cancer Care: A Qualitative Study Exploring the Procedures, Concepts, and Observations of Expert Doctors. *Evidence-based Complementary and Alternative Medicine: eCAM*. 2016; 2016:4628287. doi:10.1155/2016/4628287.
5. Ravindran D, Hariharan I, Muwonge R, Kumar RR, Pillai MR, Ramadas K. Efficacy of VarunadiGhrita (polyherbal compound) in treated head and neck cancer cases as a biological response modifier. *Ayu*. 2014; 35(2):168-174. doi:10.4103/0974-8520.146236.
6. Kato I, Neale AV. Does use of alternative medicine delay treatment of head and neck cancer? A surveillance, epidemiology, and end results (SEER) cancer registry study. *Head Neck*. 2008 Apr; 30(4):446-54.

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