

Newsletter

Year 1, Issue 4, November 2016

Disease Free Survival of Breast Cancer Patients with the Help of Rasayana Therapy

Every Cancer patient has a unique story. This is a story of Mrs V.C. who was diagnosed with Stage III Breast Cancer. She recently came to the clinic with a huge box of sweets, looking happy and contented. A patient sitting next to her asked her the reason for her happiness out of curiosity. She excitedly said "I am happy because I was diagnosed with Cancer earlier last year but today, after a span of eighteen months, I am free of Cancer". She then narrated the entire story of her freedom from Cancer.

After being diagnosed, she was advised Chemotherapy, Radiation and Surgery. But she was aware of the side effects of Chemotherapy and Radiation and told her son that she didn't want to go for any of these therapies. But her son insisted, convinced Mrs V.C. for surgery. Later, her son while looking for alternatives got to know about Rasayana Therapy at Rasayu Cancer Clinic, Pune. The patient wanted to avoid Chemotherapy and Radiation and hence she was looking for at some other possibilities. After knowing about Rasayana therapy and the approach of Rasayu Cancer Clinic, she was very happy with the approach and decided to start Rasayana at the clinic. Prior to the start of treatment, she had generalized weakness, loss of appetite, weight loss, nausea, backache and other painful symptoms. Surprisingly, within 15 days of Rasayana treatment her appetite improved and she gained 1 kg. During every visit, Dr.Bendale boosted her confidence and she felt better with every passing day. She consistently continued with the Rasayana treatment and gradually there was an excellent improvement in her health.

The patient then completed the standard protocol for Rasayu Cancer Clinic and was advised to get a PET scan. It was observed that all her reports including pathology were normal. Further her Oncologist declared that she is disease free and there is no evidence of any metabolic activity as far as Breast Cancer is concerned. It's been 2 years since then and she has been off all medications as stated by Mrs V.C. Everyone in the clinic witnessed her happiness while enjoying the celebratory sweets she brought.

Dr Vrushali Pawar

Life Style and Breast Cancer

Lifestyle plays an important role in developing or reducing the risk of Breast Cancer in women.

Following are some important lifestyle related risk factors for Breast cancer. Many of these factors can either be avoided or modified to reduce the risk of the breast cancer.

Overweight or Obesity: Being overweight or obese increases the risk for the breast cancer. The connection between obesity and breast cancer is highly complex. It is seen that this risk increases in women who gain weight as an adult but may not increase in women who are overweight since childhood. Also excess fat in the waist area has shown to intensify this risk more than the same amount of fat if present in the hips and thighs.

Physical inactivity: There is increasing evidence that regular exercise and physical activity significantly reduces breast cancer risk. In one study it was shown that as little as 1¼ to 2½ hours per week of brisk walking could reduce woman's risk of developing breast cancer by 18%.

Having Children: It has been observed that child bearing reduces the risk of developing breast cancer in women. Also women having the first child after 30 years are at a slightly higher risk than women having children at an early age. Multiple healthy child births and pregnancies at an early age reduce the risk of breast cancer.

Birth control Pills: Research has proved that using oral contraceptives (birth control pills) slightly increases the risk of breast cancer as compared to those women who have never used birth control pills. This risk substantially reduces with discontinuing these pills and reduces to normal over time. Women who stopped using oral contraceptives for more than 10 years don't appear to have any increased breast cancer risk.

Breast Feeding: Several researches have suggested that breast feeding may slightly lower breast cancer risk, especially if it's done for at least a year after child birth.

Dr.Avinash Kadam

Breast Cancer and Diet

Diet useful in Prevention and Treatment of Breast cancer

Grains: Wheat, Oats, Rice, Corn, Barley

Vegetables: Lettuce, Spinach, Broccoli, Cabbage, Cauliflower, Celery, Fennel, Carrots, Garlic, Onion, Pumpkin, Cucumber, Muskmelon

Legumes: Soybeans, Peas, Chickpeas, Peanut, Carob, Dried Beans (Kidney, Mung),Lentils

Cancer-Fighting Phytochemicals as per Food Source:

Cancer-Fighting Phytochemicals	Food Source
Sulforaphane	Broccoli
Isothiocyanates	Mustard, Radish, Broccoli, Cabbage, Cauliflower
Phenolic compounds	Garlic, Green Tea, Soybeans, Broccoli, Cabbage, Cauliflower, Celery, Fennel, Carrots, Pumpkin, Cucumber, Muskmelon, Licorice root, Flax Seed
Flavonoids	Most fruits and vegetables (Garlic, Citrus fruits, Celery, Fennel, Carrots, Tomato, Broccoli, Cabbage, Cauliflower, Camphor, Dill, Basil, Mint)
Organo-sulphides	Garlic, Onion, Broccoli, Cabbage, Cauliflower
Isoflavones	Soybeans, Legumes, Flax seed
Indoles	Broccoli, Cabbage, Cauliflower
Carotenoids	Dark yellow/Orange/Green Vegetables and Fruits

Newsletter

Year 1, Issue 4, November 2016

Fat Intake: Controversy exists on the role of dietary fat in regard to breast cancer. Some animal studies and epidemiological data have suggested that the type of fat consumed may initiate the development of breast cancer. Limiting the intake of highly saturated foods such as beef, lamb, organ meats, cheese, cream, butter, ice cream, biscuits, cakes and pastries and decreasing food containing trans-fatty acids such as commercially prepared baked goods, crackers and margarine is recommended..

Reference: http://www.hopkinsmedicine.org/breast_center/treatments_services/nutrition.html

Dr Ganesh Karajkhede

Triple Negative Breast Cancer

1. What is Triple Negative Breast Cancer (TNBC)?

Healthy Breast Cells contain receptors for the hormones Estrogen and Progesterone. These cells also contain receptors for a protein called HER2, which stimulates normal cell growth. The cancer cells do not contain receptors for Estrogen, Progesterone, or HER2 in TNBC. Thus, TNBC are defined as tumors that lacks secretions of Estrogen Receptor (ER), Progesterone Receptor (PR) and HER 2. TNBC accounts for approximately 15%-25% of all breast cancer cases.

2. Why is TNBC a serious issue?

TNBC has bad prognosis as it tends to relapse early as compared to other subtypes of breast cancer. The patients of TNBC are managed with standard treatment because of the absence of specific treatment guidelines for this subgroup. However, such treatment leaves the patients associated with a high rate of short survival because of local and systemic relapse.

3. What are the current treatment options available for TNBC?

Patients with TNBC have very limited options in conventional therapy. It includes surgery which may be followed by chemotherapy and /or radiation. A lot of scientific research work as well as clinical trials are currently being conducted for patients with TNBC.

4. Is Rasayana therapy effective in TNBC cases?

- Rasayana therapy works on healthy cells, irrespective of hormone receptors like ER, PR and HER 2.
- Rasayana therapy enhances the functioning of vital organs and also maintains homeostasis of the body, thus it improving the immunity of normal cells.
- Rasayana therapy also helps the immune system to optimize Apoptosis which is the natural programmed death of cells controlled by various factors including immunity of the body.
- Surgery can play an important role in TNBC. But a post surgery patient is advised to take Rasayana therapy.
- The patient shows good response to this as Rasayana therapy works on immunity of the body. It also reduces the risk of local and systemic relapse.

Dr. Anand Patil

Over 17 Lakhs New Cancer Cases in India by 2020: ICMR

New Delhi: India is likely to have over 17.3 lakhs new cases of cancer and over 8.8 lakhs deaths due to the disease by 2020 with cancers of breast, lung and cervix topping the list as stated recently by the Indian Council of Medical Research (ICMR), a premier medical research body.

In its projection, ICMR stated that in 2016, the total number of new cancer cases is expected to be around 14.5 lakhs and the figure is likely to reach nearly 17.3 lakhs new cases by 2020.

Over 7.36 lakhs people are expected to succumb to the disease in 2016 while the figure is estimated to shoot up to 8.8 lakhs by 2020. Data also revealed that only 12.5 per cent of these patients come for the treatment in early stages of the disease.

Further the study stated that among females, breast cancer topped the list and among males, mouth cancer.

The northeast reported the highest number of cancer cases in both males and females. Aizawl district in Mizoram reported the highest number of cases among males while Papumpare district in Arunachal Pradesh recorded the highest number among females.

"Cancer of breast with estimated 1.5 lakhs (over 10 per cent of all cancers) new cases during 2016, is the number one cancer overall. Cancer of the lung is the next one with estimated 1.14 lakhs (83,000 in males and 31,000 in females) new cases during 2016 and 1.4 lakhs cases in 2020. Cancer of the cervix is the third most common cancer with estimated 1 lakh new cases in 2016 and about 1.04 lakhs during 2020. Cancers associated with the use of tobacco account for about 30 per cent of all cancers in males and females," the ICMR stated. The ICMR also conducted a countrywide study from 2012-14 from various Population Based Cancer Registries (PBCR) and Hospital Based Registries. It is stated that there was a "significant" increase in cancers of rectum and colon in males in the PBCRs at Bangalore, Chennai and Delhi and in females in Barshi and Bhopal. Among males, there was also a significant increase in the cases of cancers of colon, rectum and prostate in Bangalore, Chennai and Delhi while among women there was a significant increase in the rate of cancers related to breast, uterus, ovary and lung. However, the PBCRs in Bangalore, Chennai, Barshi, Bhopal, Delhi and Mumbai have shown a decrease in incidence of cervical cancer. Delhi also tops the chart for cancer among children. Among males; mouth cancer is leading in registry areas of the western states of the country while among the females of East Khasi hills in Meghalaya recorded the highest number of cases of mouth cancer among women. A.Nandkumar, Head of National Cancer Registry stated that one in eight Indians is likely to develop cancer in their lifetime, unless you are in Aizawl where the chances are one in four.

<http://www.midday.com/articles/over17lakhnewcancercasesini-ndiaby2020icmr/17248152>

Dr Pravin Gund

Editorial Support : Dr Avinash Kadam and Dr Rammesh Natu

International Reviewers: Geetanjali Chheda (USA) and Manasi Pimplaskar (USA)

Published by Rasayu Cancer Clinic, B1 Amrutkumbh, Laxmi Park Society, Navi Peth, Pune 411030 for internal circulation.

Contact : care@rasayucancerclinic.com, www.rasayucancerclinic.com Ph.No : 020 24532525/24537149

Disclaimer : This document is for internal use only. Though all efforts have been made to ensure the accuracy of the content in this newsletter, the organization and the editorial board gives no warranty, representation or undertaking on whether expressed or implied, nor does it assume any legal liability, whether direct or indirect, or responsibility for the accuracy, completeness, or usefulness of any information.