

IASTAM

INDIA

NEWSLETTER

Communiqué

*Vol : III *Issue : 1 *December 2018 (Monthly) *Price : Rs. 6/- *Page 8 *Pune

Connecting Systems; Bridging Disciplines

• Ayurved • Yoga • Unani • Siddha • Asian Medicine •

"Connecting with others is rewarding; it makes us feel like we're not alone in the world."

- Jonah Berger

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PRE NOTE

Cancer, Ayurved and Conclave

Dr. Narendra Bhatt

As per WHO and American Cancer society one in eight deaths worldwide is due to cancer. Cancer has become a global pandemic. Cancer is no more considered a single disease. It is considered to be a group of uniquely similar but different diseases which are named after a particular organ or a tissue system. Their subsets are defined based on biological predominance of an individual, where the pathways of self-proliferation and self-mutations are important. If so, Ayurved has much to offer because it may provide multiple targets and may offer novel treatment potentials.

If personalised medicine, immunotherapy and gene therapy are expected to change the course of treatment of cancer, how it is prevented and how it is treated, then Ayurved has a possible role to play than ever before.

Whereas gene editing and playing with genomics will be the challenge. Maybe we will have to think beyond where we will not be required to go for changing the gene but an environment could be created where the gene behaviour could be controlled. ***Rather than making structural changes it is desirable that we look at the functional changes where gene may act or not act in a metastatic manner. That will become the future therapy.***

If immune therapy is expected to play important role in cancer treatment then rasayana therapy and tissue specific or system specific capabilities of ayurvedic therapeutics have greater role to play. Maybe we will have to redesign and restructure the whole knowledge of ayurvedic intervention to develop an altogether new mapping or pathways. We can match the possible *samprapti*, the disease process with that for possible therapeutic intervention at different levels to intervene.

The six-stage disease process as described in ayurved as well as the acute onset disorders due to exogenous reason; how does it affect the immune system on one hand and the internal endogenous systems on the other that develop into metastatic conditions? If we can derive conclusions about it, then it can help look for right interventions.

The knowledge about allergies and vaccines are of interest in cancer treatment. Ayurved can play an important role being known to understand and treat these ailments in a different manner.

Complimentary to chemotherapy and radiation, ayurvedic approach has definite role. Certain dosage forms have a potential and effective role to play.

Non-recurrence of cancers as particularly in aggressive breast cancer is challenging. Ayurved can play a big role. There is need to revisit the whole concept of rasayana in the context of cancer. Just saying that there is a rasayana is not sufficient. There is need to redefine the whole mapping of rasayana dravyas and create a new map of potential therapeutic solutions. Single and combined candidates could be utilised for preventive treatments. Mapping of subsets of disease and cognition of plant candidates could be undertaken as a separate exercise.

It is very interesting to observe that practically the clinical knowledge available on cancer is negligible. I looked into the two books on clinical oncology and observed that only 5% of the whole text has clinical aspects. The complete diagnosis is laboratory based. If so, then is it not essential that we as physicians and good healers believe that the disease process cannot be without clinical manifestations. If so, is it not desirable that we upgrade our knowledge about clinical aspects, of cancer? Systems like Ayurved, Unani, Siddha have much to offer. Clinical aspects of cancer can become and are vital for prevention, and treatment of cancer.

Ayurved has potential to provide reliable clinical knowledgebase that could then be confirmed by experimental and laboratory parameters to complement the whole process of diagnosis and prognosis. There will be possibility of identifying situations where one can get the information about the premutagenic situations that can change the future of cancer treatment.

Let us accept that cancer is not only that it is diagnosed more but it is also because of the changes that have occurred in the treatment approaches and healthcare delivery as well as the occupational and lifestyle. For e.g. it is very interesting to observe that cancer has high incidence in state of Kerala.

Another aspect in causes of cancer where the modern medicine has failed is to generate reliable data on use and abuse of drugs, particularly in India. It is not appropriate to ignore this fact that we as the physicians come across in day to day practice. If we are really interested in doing good research then we have to recognise what has been happening on both sides of the systems.

I have been party to several discussions on cancer research. One point that comes out again and again is about restricting the role of Ayurved, mainly for palliative care. Whereas for yoga this might be a right

approach and logic. There is need to relook. Ayurved, Unani and Siddha systems should not be restricted to palliative care. That is my firm opinion.

We believe that the advances in cancer diagnosis and treatment have much to offer but in reality, it is more complex than what seems to be. Though the science of cancer has progressed; the reality is that there is more confusion. There are no definitive answers and if so, then why should we not gather or revisit the knowledge that is existing rather than just treating it as search for drugs for palliative care or complementary care. Why is it that we look at the other AYUSH systems of medicine only for the purpose of complementary or limited way. Maybe that is the base, even I began in that way as treatment of liver toxicity was one of the main targets in chemotherapy. That was our main area where we are working. ***Whereas ayurvedic drugs and approaches have potential to protect liver as a complementary therapy in cancer treatment to protect the other tissue systems and avoid the side effects.*** Why is it that we cannot think of ayurved and other systems of AYUSH beyond that?

Experimental validation forms basis of science. Search for a drug (a molecule) has enriched us with much more knowledge about cancer as a disease, its subsets and possible paths to treat it. As this requires to know more and more about the host, the biological variation of the human body it will be right to derive maximum information from these systems where the biological variances are understood and explained in simple but comprehensive manner?

Drug discovery is another exciting opportunity. Maybe we try to create a stand-alone roadmap for drug discovery. The whole approach of integration should be evolved, should be properly defined and then move forward to search for new break throughs.

The concepts of srotas, dhatus, agnis have much more to offer in the diagnosis and treatment of cancer. There is a need for such integration at basic level which will require not one or two but series of discussions and deliberations amongst experts. The research in AYUSH for cancer cannot be such that you fit into our modalities and either you reject it or accept it on certain parameters. We have observed that only searching for molecules or working on cell lines is not going to be sufficient. Cancer as disease is more than that. The study of multi-level search for biological activities as described in Ayurved could be one route. There is need to create an over all mapping of disease

understanding as in ayurved as against the knowledge based on advances in science and technology. Unless we do that, we will not be in a position to truly search for new treatments. The objective of such an endeavour to get into AYUSH systems should not be restricted to palliative and complementary care. There must be respect for knowledge and information available, and effort to redesign the whole process. We have aptly titled the Conclave for **“Cancer Care & Research in AYUSH: Developing the Road Map”**, this is very significant and important.

An important aspect is individual experiences of practitioners. Rather than rejecting it as accidental it is desirable that we provide an intelligent platform to receive, collect, compile and analyse such data in a systematic manner. Such an endeavour will succeed only if the objective of such a platform is to facilitate, enable and encourage such happenings; by involving such individuals / institutions in a pragmatic manner rather than with a critical mostly sceptical approach. Objective should be to share, enrich, interact and develop. Though IASTAM had proposed such a project proposal maybe we can explore it further at the coming meet. ***A research project on hepatocellular carcinoma is aimed in that manner.*** We will see what comes out of it.

IASTAM had actively organised the **“Consultative Meet to Prioritize AYUSH Research Activities in the Field of Cancer for International Collaboration”** and the proceedings were published.

The upcoming “Conclave” is where we plan to sit together and deliberate on the issues in a very intense manner to evolve, transact, acquire a new transient knowledge and the road map is to create possible multiple routes that can achieve different objectives of cancer care. That is what is aimed.

We are aware that one such conclave will not be enough but let this conclave be a trend setter in evolving how the next levels of deliberations and discussions takes place. A follow up meeting may take place between a network of association, people. If that could be developed as an outcome. A cancer research group with network of experts, individuals, likeminded researchers and institutes could be formed. It will be a big achievement as an outcome of this conclave.

3rd Volume of Newsletter

We have successfully published **24 issues in a row**; an important milestone. This issue is the beginning

of Volume III. Our efforts will be to bring in more features of interest. We will give voice to the current issues in coming times. I complement our team that we could continue the column of **“DIALOGUE”** and **“OUR ASPIRATIONS”** for the whole year. Maybe we will be looking to reshape these columns. We are also looking for subjects for new columns. We welcome suggestions to make the newsletter more interesting and informative. The responses to the contents of newsletter are very encouraging and people are reading it.

We are looking for organising a workshop or two in coming times. We plan to take up a workshop on subject of Samhita in coming days.

Responses to the prenote “What is an Ayurvedic (AYUSH) Product?”.

Dr. Katiyar said ‘Time could not have been more appropriate for such an article’. Solution to this crisis lies in responsible licensing methods and screening of claims at that time only. Awareness among public also needs to be created to start question misuse of Ayurveda as prefix or suffix for commercial gains.

Vd. Gangadharan shared it to be a very important area of concern and correction. *Dr. V. V. Prasad* says the editorial is bold and frank. It becomes to reality if association like IASTAM takes up challenge to question such claims and licenses.

Shri Baba Vrindavan claims it to be a thought-provoking piece of article. We are not against consumerism of Ayurvedic products to a limited extent. Yet, one can't commoditize Ayurveda. A national consensus is needed to bring a balanced practice. *Dr. S. K. Sharma* responded that the Newsletter can be very important instrument to project strengths as well as important contemporary issues.

This issue is related to industry. IASTAM as an organisation has always worked with industry. Industry has always played an important part in development of our sector. Regulatory aspects, both national and international need discussion, changing times need dynamic approaches. Maybe the time is ripe to address the regulatory issues in an all-encompassing manner. Addressing these issues in pieces has not given us results. IASTAM may take up discussion on this subject of great significance.

IASTAM is an international association and we will continue to persuade for the Asian Approach.

