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Connecting Systems; Bridging Disciplines

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

"Make Connecting with others a Daily Priority"

- John Maxwell

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PRE NOTE

Cancer, Ayurved and Research, Issues

Dr. Narendra Bhatt

Ignorance is bliss. I recollect a case of *PleehaVridhhi* - Splenomegaly, with history of *Grahani*, Irritable Bowel Syndrome, that responded well to the treatment that later turned out to be a case of mesenteric carcinoma. The stout-hearted patient had opted to hide the diagnosis from me being witness to outcomes of other cancer cases in the family. After coming to me the patient who voluntarily chose Ayurvedic treatment survived nearly three years, much better than known rate of survival with better quality of life. **The unique circumstances of this case, my first case of cancer, provide much to understand about not only the treatment but the research dilemma.** I still wonder how would I have responded if the diagnosis was shared with me earlier? How other patients would have faced the situation? And what would have been the impact of intervention by conventional medicine if patient had chosen to do so? This was thirty years back. Since then I have dealt with nearly 100 cases of different types of cancer, mostly in advanced stages with same dilemma, the main difference being aware of the cancer diagnoses. Was ignorance a bliss?

Even after thirty years the issues have not yet changed. **The disease, the treatment and the research remain**

a challenge to the whole of medical fraternity. It is same for Ayurveda, the main difference being support of scientific, critically objective methods of evaluation.

Five events and several meetings on subject of Cancer research and AYUSH where I have actively participated and even coordinated have brought on surface, issues that could be categorised as follows.

1. CLAIMS

Use of *Hirak* (diamond) *bhasma* or certain *Rasaashadhis* 40 years back or use of certain plants or formulations in some types of cancer and use of a potion costing Rs. 2800000/-per 100 ml supported by a German doctor as recently as last month for cure of cancer are not uncommon. These claims unless substantiated by evidence have no value. I also recollect facing such proposals with political backing as a member of SAC or CCRAS and futile efforts undertaken. Even the research in AYUSH for cancer care undertaken over last three decades has not resulted into leads that could be accepted or adapted by the profession. Whereas Vinca, Taxus and Curcuma have been successfully explored for their anticancer properties, the road is quite farther.

There is lack of any approach to compile, analyse and screen these claims in a systematic manner rather than anecdotal and ad-hoc efforts. **There is a need of a template and procedure to examine such claims.**

2. DOCUMENTATION

The need for documentation of treatment of cancer cases by physicians and institutions is emphasized time and again at each and every meet. Though some piecemeal efforts have been made we have failed to develop such mechanism. Unfortunately, a well-defined proposal, "Development of Information Technology Based Tools and Databases for Documentation of Experiential (Practices) Information and Relevant Methodologies of Ayurveda, Unani and Siddha [ASU] Treatment Modalities in Cancer Care and to Collate it with System Knowledge" submitted by IASTAM was rejected by Ministry of AYUSH. Fortunately, some clinics with integrative modalities have started such documentation.

3. MODALITIES OF CLINICAL RESEARCH

Clinical research modalities for cancer care even within biomedical system is challenging. Cancer being defined and graded mainly based on laboratory parameters the challenge gets multi-fold for clinical research with Ayurvedic or allied interventions. The uncertainty of gradation, severity of disease and prognoses in different types make it more difficult to design studies to evaluate specific outcomes. Most of the research in cancer has been contributed due to drug development efforts. **There is need to evolve novel modalities to examine subsets of clinical outcomes where sample size could be small and then build it up for further validation.**

A serious resistance is observed even to consider these options by most of the medical and research fraternity. This is truly surprising when the limitations of biomedical offerings are acknowledged worldwide. There is an urgent need to develop a platform for dialogue for benefit to the society beyond dogmas of the systems. Integrative medicine has much to offer for this serious medical challenge.

4. INTEGRATING KNOWLEDGE

This most promising area of integrating knowledge is unfortunately not looked upon by either fraternity. This is a very serious lapse for any innovation. We are enriched with the huge information and knowledge about the disease. But efforts to integrate this knowledge with Ayurvedic knowledge are miniscule. It is also to be noted that the experts from Ayurved and other indigenous systems have failed to take up the

challenges to integrate their experience and knowledge with new developments. **It is necessary to bring in clinical insights of Ayurveda to compliment better understanding of disease processes and opportunities for intervention.** System specificity, organ specificity, specificity about stage of the disease; such and many more areas could be explored further in terms of biological and molecular pathways.

5. DRUG RESEARCH

Drug research approaches beyond conventional are needed to find therapeutic solutions. **Even regular search for biomolecules has excellent opportunities provided efforts are made to develop precise hypothesis that could be derived with the intricacies of ayurvedic knowledge interpreted in the light of present-day biological advances.** At Kochi I purposely preferred to use the word '*product research*' rather than drug research. An ayurvedic product conceptualised based on ayurvedic principles has much more opportunity rather than a drug research as defined based on the biomedicine only. If immune therapy is the outcome of several decades of research then Ayurved has much potential to provide a combine therapy targeted at multiple levels of disease process. The classical dosage forms like therapeutic *ghee* or *avaleha* have important role to play in this kind of disease where protecting the surrounding ecosystem of cells or molecules is very vital. It will be worthwhile explore those possibilities. Well thought integrative modalities for biological validation is key to develop fruitful research.

Let me conclude with an example of a non-recurrence of the cancer for nearly 7 years treated with ayurvedic medicines by me and yet living healthy life. This patient has suffered from a serious invasive ductal carcinoma, NOS (left breast) Grade III, RB score: 3+ 3 + 3., Tripple -ve, treated with left modified radical mastectomy, pre and post chemotherapy and had a recurrence in 4 and half months having again operated and given radiation. The ayurvedic treatment given to her has been highly appreciated by the experts due to the benefits given to a case with worst prognosis. If so, there is much to learn from Ayurved with integrative approaches.

Above represent the few categories of issues that I could write. ***Each issue requires extensive discussion. Solutions are not difficult. At Kochi we have formed 4 working groups. I hope this and such other efforts by the concerned either from authorities or from academia will help us evolve a roadmap for next steps.***

