

Short Communication

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Nursing Defeats Cancer?



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Abstract

Cancer is like the sword of Damocles, Loneliness proves fatal as much as excess medication. Cancer nursing is a super specialty that stands in between. Hand holding & story telling is emphasized. It requires special training and psycho-physical orientation. Forward looking, Good & effective nursing ensures family welfare ensuring essential profession for the developed society. Holds huge potential for pan global employment.

Keywords: Cancer diet; Cancer nursing; Hand holding; Story telling; Super specialty; Annual refresher course; Cancer & loneliness ; Fight cancer & Metastasis at home

Introduction

The first clinical observation based assessment of cancer is like 'The Sword Of Damocles'. Pathological investigation reports posit as like 'death certificate' with delayed action conditions and clauses. Each report is akin to multiple counts (as like felony in legal courts). Harrowing indeed. Further, most of the anti-cancer treatment is done on 'out-patient' basis via 'day care centers' and waiting rooms, serial, etc. Most of the therapies are associated with pain and after effects ushering in frailty. Finally, treatment cost is a spiraling load, often insulting. In spite of no-fault life style and or work ethics, all this keep stinging 24x7. Everything around becomes de-tasteful and Life becomes a burden. Demise is dearly prayed for. Technology takes charge. Financing mechanism gets auto embroiled. Demise gets deferred. Yet tumor and cancer are merely a phenomena in developmental biology. It is systemic & self mediated and it is the natural gone wrong. Cure is more related to individual's response than to assured minimum response at par (absence of identical repeatability). Lot much remains between bench to bed (researcher vrs clinician). Apparently, efforts to control neoplasogenesis is quite some time away. All efforts seemed to have borne results far below than the expected minimum. Cancer is likely to afflict most of us. Global cancer census is galloping and is poised for boom. In the above averment nursing is conspicuous by absence. It becomes apparent that nursing has not been focused upon as much has been the focus on drug discovery, marketing and clinical practices. In short, a killer cum psychology tormenting affliction is treated with the most potent & toxic therapies, while the patient is left at large sans any doting and or caring nurse. In this brief communication we discuss a few select aspects of cancer nursing [1,2].

Nursing is attending to an afflicted in all manner & forms, all the while, as she\he lies as a patient. Pan globally, in cancer treatment centers this is quite absent (save & except a few missionary centers). It has just not evolved as part of the hospital management sciences. The administrations have not pressed for either. Male patients with issues relating to urinary & anal organs prefer male nurses. Female patients as a general rule prefer ladies. The duty rosters of the nursing staff are rarely set with such priorities. Interestingly, in an over populous nation like India the refrain that there is a dearth of nurses is common. This problem is more acute in economically weak cum non socialistic nations. Furthermore, the female nurses are all of young age group (mostly unmarried) while female cancer is more among the geriatric, the menopause groups, respectively. In developed nations patients dependent on internal medicine rules the number. Whereas, in the developing nation, surgical types vie with radio therapy and internal medicine. This is changing on a trot, the patient: nurse ratio is low. The salary discrepancy between a Government hospital nurse and that of a private hospital is alarming. In India (as a case) private hospitals outnumber govt., units. Govt., of India is the monopoly businessman. It has cash & wealth. It pays via the Pay Commission mechanism. Thus nurse employment numbers are dwindling (govt. hosps). Not that people do not want to join the nursing brigades [3]. If the Indian private health centers raise the cost on nursing it then has to also collect the same from the treated person. Vis-à-vis cancer, nursing calls for more of psychological support, palliative care, companion, story telling abilities, massages with touch & feel, apart from knowing the nuances relating to toxic-high potency therapies. Cumulatively all these throws up a difficult scenario

and calls for a paradigm shift. The bottom line is (i) hand holding (ii) story telling are the obverse and the reverse sides of the coin called cancer nursing. What then be the metal?

Nursing principles and practices have to be different in Brain-Leukemias-lyphadinopathies; others. Cancer locuses and masses are energy and metabolic rate efficient. Conventional cancer treatment, jeopardizes the entire metabolic status of the body. For example, with chemotherapy the bone marrow takes a depression. Hemodynamics gets skewed and the anti-dote is high energy food and biomass efficient food. This is a dichotomy. An able nurse bridges best. Technological advancements and fiscally enabled status because early detection, which in turn means less of radio-therapy and/or surgery (more of internal med). Logically, this portends that the occidental nations will have to more enlarge their day-care centers and related nursing wherewithal. Occidental families are often two member units with children being less able to spare time than the Asian families (Indian specially). A revisit of the issues raised under the caption question posits loud [4,5].

Among the internal medicines the chemos are intently toxic (hyper alkaloids). If the human body be imagined as a flat plain, chemotherapy is then alike carpet bombardment with toxic chemical. Physiology tries to drain it out. The quick short route is by expressing into the gut wherefrom it shall pass off as excreta. As the chemo compound assimilate into the physiological system they (also) find the gut lumen as the most best place to shore. This is because of the lumen is filled slimy contents (relatively low energy high mass) also has a fine lay of vascular matrix (very large volume and space that is in dynamic state) and hence acts as the preferred route & preferred destination (para-magenetism & ion mediated pathways). Ultra loads of toxic, iso-alkaloids causes the iso-urolithin/s (acidic) to switch off. This in turn adversely effects the (principal) urolithin pathway(s). Thence a cascade sets in. The villis become iso-ionic or patchy (lose their

heterogeneous ion charge character), gut musculature slackens, persistalsis weakens & even fails, neutralization of bowel gas, gut lumen collapse, sodium expresses into gut and terminates with purging. Pre c. 2005 such phenomena was clinically known as 'idiopathic diarrhea' which now is known as 'drug induced loose motion'. Chemotherapy is given under various plans and on individual assessment basis. Cocktails that are comprised of chemo compounds having contrasting\widely varying structures elicit less violent-acute response from the patient. Isomorphic (similar group) cocktails elicit acute reactions and painful responses. The nurse need to know and, chemotherapy involves a small number of labels (generic). Every move and counter thereof has to be pre-envisaged and pursued with. Therefore nursing has to be enabled for all such situations. A chemotherapy patient in pain calls not the nurse. It is the clinician who is called. Whereas, service would be better if the nurse be enabled [6,7].

On the hematological side due to suppression of the marrow, erythropesis is adversely effected (case dependant often acutely), hemodynamics weakens, blood pressure falls, listless, lethargy sets in often accompanied with mood swings. In hepatic health (alcoholic, amebic liver) compromised cases liver function gets down-regulated, oral blisters bloom, jaundice, etc. In renal health (any type) compromised cases urticaria; abdomen swelling and low back & waist ache set in; management of the chemo port and in its absence management of canula site, hematoma, etc., often call for intermittent injections and other timely interventions [8]. A dyed hard, alert, agile, stern nurse restrains the clinician from adopting symptomatic treatment. Instead, advices conservative plan and staggered approach, of which, food forms a vital component (apart therapy break\ intermittent rest phase). Food is the metal of the sterling called nursing. Idea and education about pro-drug moiety loaded food that shall assist and buffer anti-cancer regimes; set & maintain peristalsis & gut performance, is wanting. Herein below we discuss some food types as 'Yes No diet' & "diet" (Table 1).

Table 1:

Type	Cancer Specialty Nurse is the Most Accessible Anti-Cancer Combatant for any Family Member Attendant and also for the Afflicted. Indispensible.
1	Prescribed Dietary Components (Pro\Synergistic with Conventional Therapies) Non-Lymphatic cancer require : Capsicum; green chilies; spicy food; nuts & berries; natural glucosamine from the top portion of sugar cane; wheat; flour; rice; rice products; lintels; soups; chowmin; fast food; crabs – crustaceans; egg; meat; butter; clarified butter; mustard oil; brinjal (wild xanthocarpum best); brine; wine; gram & mixed powder (satua); non-iodised salt; ayurvedic medicinal fruits; ascorbates; tannins; maize & its products; minor millets, etc. Special : Tropo-Equatorial citrus fruits. Coconut kernel. Lymphatic cancers require Custard apple; fructose; breathing exercises and Yoga. Non leukemia cancer requires sun-light expouser and ambulation. Leukemias require rest under shade in moist conditions
2	Restricted Vitamins; Histamines; Enzymes; Mushroom; Green plantains; vegetables & crop grown with over use of insecticides & pesticides (weekly intent clinical monitoring). Immerse such food material in tub full of running water for an hour~de-ionized battery grade water (best).
3	Strongly Prohibited Vitamins & Enzymes assists in bio-synthesis; growth of the existing neoplasias, participate in robustising angiogenesis; also antagonise chemos (shorten blood life; ketons; renal load). Histamins step down body's natural defense mechanism, assists migration of gone wrong mitochondria towards oxygen rich locuses. Insecticides & pesticides up-regulate carcinogenic conditions. Milk normally causes gastric inconveniences & flatulence during chemos. Temperate fruits viz., apple not well indicated.

	Iodine; Sulphates; Phosphates; Phosphorus; anabolic hormones; Vit-A; Colocasia; Tuna & Mackerel fishes : (day to day clinical monitoring with concurrent investigations).
	Iodine is cholinergic and hence directly assists cell division. Sulphates; Phosphates assists poly paths in enzyme synthesis and in anabolic pathways. Phosphorous assists metastasis specially to soft and spongy tissues (bladder & prostate specially). Colocasia has tumor growth factors (potent). Each one is also interactive with all others with an up-regulation mechanics. Xenobiotics inducers & upregulators.
Read with No.3	Up-Regulates Cancer Process and Mechanics (Confabulates, Confound & Fails Conventional Therapies)
	Arsenic (homeo); anabolic hormones; biphasic entities (e.g., gamma-Aminobutyric acid, tramadol, pregabalin); mood makers; anti-diabetes (stiglipitin); etc., effectively masks; radio-chemicals fail most moieties and also provide impetus to the gone wrong mitochondria (upregulates).
Read with No.1	Dietary Supplements
(Synergistic with Conventional Therapies)	
	Custard apple (annona squ) unripe/ripe is strongly prophylactic & therapeutic against mammary cancer. Kendu (<i>diospyros melanoxyton</i>) is very effective anti-mitosis; anti-viral and delivers miracle in most of the cancers other than leukemia. The rhizome Mutha (<i>cyperous rotundus</i>) is yeomanly helpful in leukemias; The herbs <i>Prionitis Berelia</i> (ariel parts) & Brinje (<i>xanthocrapum</i> aerial parts, fruit & seed) is a tumor/cancer anti-angiogenesis and anti-tissue, respectively. Dayana (<i>artemisia vulgaris</i>) is strongly anti-mitosis; process scavenger and disinfectant. Indo medicinal Dalim (<i>punica granatum</i>) is the safe, best, most potent anti-inflammatory cum process scavenger; anti-viral, also trigger opens the eurolithin pathway for drug moiety loaded food\diet. <i>Lauha vasma</i> (iron ascorbate & monomeric complexes of ferrous carboxylate); Tamra vasma (do) & Kansa-vasma (do); these act on the gone wrong lysosomes and trigger apoptosis, cancer cell death, fail metastasis and effect metastasis withdrawal (specially from bones & lever) ~ Activate dioxygen binding in hemerythrin. Add hand grinded powder of turmeric & pepper to act as buffer. These conjointly act as master failer of cancer when given with low end chemos. Feed & forget.
Lifestyle	Nurse: Act as the Sensory Organ of the Whole Health Care System by Acting as Eagle Eyed and Owl Alert. Maintain Dairy. Peer Group Interaction & Correspondence. Invite all and Describe How the Patient is Improving, God Blessed. What a Combatant The Patient is! What Resilient Mind Set the Patient has !; Etc.
	Patient: Non leukemia cancer requires sun-light expouser & ambulation. Leukemias require rest under shade in moist conditions; work & cold, dry winds are deleterious. Aimless gossip & talk; TV; movie; deep breathing~helps. All types: Late to Bed & Late to Rise; Aimless gossip & talk; TV; movie; deep breathing ~ helps. Be active and engage in work (Save & Except Kidney/Prostrate/Bladder & Bone Cancer).
	Community people: Must visit your neighborhood cancer patient ~ helps hugely. Communes fights cancer.
	Relatives: Ideal time to visit the afflicted. Offer tasty hand made eatables. Stay-put, gossip, reminiscences.

We can see that we know so little of so much that needs must be known. Hence, the nurses should be trained in 'food sciences for cancer patients'. They have to be given such data in popular format in heuristic and pedagogic manner as part of "Principles & Practices in Cancer Nursing" (as a Booklet, with parallel translation in vernacular\mother tongue). Periodic, refresher courses regarding changes that is wrought by science [9].

Therapy and its plan alter with cancer cell line type, grade, BMI, age, metastasis status, and staging, etc. Chemos are powerful an anti-biotic types, they suppress and or smite immunity. Epirubicin has a keton as an anomer which makes it versatile and less painful (supporting info). Chemos that do not have ketones as anomers or have unique cytokines and or dimmers (herceptin) undergo least auto modulation in-vivo in tune with that individual's physiology and hence are painful, acutely toxic and have longer blood life. Thus anti-biotic, steroids or analgesic becomes necessary (more as palliative {risky}) which in turn up-regulates multi-organ toxicity with poly layered lingering adverse effects, masking included. Chemo+toxic antibiotic (moieties) is contra indicated in some and not so in others (case dependent). Thus a nurse is indispensable. Again, gender issue is unique in our caption case. Extra mural infections mandates sparkling clean and sterile dress for nurses in general hospital (oncological surgery included). Cancer day-care units has the

least possibility of such extra mural infections. The need is more for 'love & share'. Therefore, there is a case of specialized training for each cancer type and for the treatment plan types. Cancer care requires, super specialty nurses (permit last minute roster changes). It then is a long way. However, there are no alternatives.

Discussion

Cancer is a natural biological process and it is not divine wrath. It offers the choice best chance for one to serve another. The sciences have not served nursing as much it could & should have. The gap is widening. Effective cancer nursing is a worldwide challenge. Holds huge employment potential too, industry & commerce friendly too. A keen observing nurse lays golden eggs for the drug discovery scientist. Cancer is nature~naturale. It has a slow flow process, creeps in. Letters terms it as insipidus; insidious; systemic, etc. Nursing forces a regress cum retraction in an equal & opposite gradual manner. Compounds named \ not named in this communication is done sans any ulterior motives and are sans any hidden agenda (no commercial objectives). This communication is not exhaustive [10,11].

Conclusion

Loneliness is an overpowering enemy for the cancer stricken. Yes indeed nursing does defeat cancer. The cancer nurse's looks,

age, dress may not be spick & span. Cancer nursing has to be hand holding & story telling; a long drawn out companionship. Whole family have to metamorphose as cohesive team of nurses. Cancer nursing has to take a paradigm shift.

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