Nursing Defeats Cancer?

Dr. Deepak Bhattacharya*
Oddisi Research Laboratory, India

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*Corresponding author: Deepak Bhattacharya, Oddisi Research Laboratory, Kedar Gouri Road, Bhubaneswar, India, Tel: 8658248606
Email: oddislab1@dataone.in

Introduction

The first clinical observation based assessment of cancer is alike 'The Sword Of Damocles'. Pathological investigation reports posit as alike 'death certificate' with delayed action conditions and clauses. Each report is akin to multiple counts (as alike 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-bypadhinopathies; 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 with children being less able to spare time than the Asian families (Indian specially). A revisit of the issues raised under the caption (ii) story telling are the obverse and the reverse sides of the coin called cancer nursing. What then be the metal? (i) hand holding (ii) story telling are the obverse and the reverse sides of the coin called cancer nursing. What then be the metal?

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 as the preferred route & preferred destination (para-magenetism & ion mediated pathways). Ultra loads of toxic, iso-alkaloids causes the iso-urothilin/s (acidic) to switch off. This in turn adversely effects the (principal) urothilin 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 affected (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:

<table>
<thead>
<tr>
<th>Type</th>
<th>Cancer Specialty Nurse is the Most Accessible Anti-Cancer Combatant for any Family Member Attendant and also for the Afflicted. Indispensable.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Prescribed Dietary Components (Pro-Synergistic with Conventional Therapies)</td>
</tr>
<tr>
<td></td>
<td>Non-Lymphatic cancer require : Capsicum; green chilies; spicy food; nuts &amp; 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 &amp; mixed powder (satua); non-iodised salt; ayurvedic medicinal fruits; ascorbates; tannins; maize &amp; 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 exposure and ambulation. Leukemias require rest under shade in moist conditions</td>
</tr>
<tr>
<td>2</td>
<td>Restricted</td>
</tr>
<tr>
<td></td>
<td>Vitamins; Histamines; Enzymes; Mushroom; Green plants &amp; vegetables &amp; crop grown with over use of insecticides &amp; pesticides (weekly intet clinical monitoring). Immerse such food material in tub full of running water for an hour~de-ionized battery grade water (best).</td>
</tr>
<tr>
<td>3</td>
<td>Strongly Prohibited</td>
</tr>
<tr>
<td></td>
<td>Vitamins &amp; Enzymes assists in bio-synthesis; growth of the existing neoplasias, participate in robustising angogenesis; 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 louses. Insecticides &amp; pesticides up-regulate carcinogenic conditions. Milk normally causes gastric inconveniences &amp; flatulence during chemos. Temperate fruits viz., apple not well indicated.</td>
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Iodine is chologenic and hence directly assists cell division. Sulphates; Phosphates assists poly paths in enzyme synthesis and in anabolic pathways. Phosphorus assists metastasis specifically to soft and spongy tissues (bladder & prostate specially). Colocesia has tumor growth factors (potent). Each one is also interactive with all others with an up-regulation mechanics. Xenobiotics inducers & upregulators.

Dietary Supplements

**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 (stigluptin); etc., effectively masks; radio-chemicals fail most moieties and also provide impetus to the gone wrong mitochondria (upregulates).

**Read with No.1**

(Synergistic with Conventional Therapies)

**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. All types: Loosen the belt and have longer blood life. Thus anti-biotic, steroids or analgesic becomes necessary (more as palliative {risky}) which in turn opens the eurolithin pathway for drug moiety loaded food/diet. Lasun vasma (iron asorbate & 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 oxoxyn binding in hemerythrin. Add hand ground powder of turmeric & pepper to act as buffer. These conjointly act as master falier of cancer when given with low end chemos. Feed & forget.

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 or and 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-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.

Acknowledgement

Dedicated with love and grateful regards to Mr. Susil Kumar Chakraborty (Baithakhana) & Mrs. Chitra Roychowdhury (Sova bazaar)- both of Calcutta, who in spite of being outsiders and ill-equipped home makers tirelessly and selflessly served my bed ridden (end stage) cancer stricken father whence I was in under-graduate stage. Father survived. Salutations to all nurses wherever they be.

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