

The politics of cancer- A 'Metastatic 'review

Many may be wondering to hear the word '**politics**' in cancer. By word meaning it refers to **any process of making decisions that apply to participants of a group/governance/ activities aimed at improving some ones status within an organisation.**

This can be illustrated by a more clear example, when compared to the socioeconomic and emotional status of people of our **state in early 1970's** to the **metro customised life style** today we wonder whether these were unimaginable at that time. Similarly cancer in a primary foci is now not an issue, for most of the primary cancers are amenable to treatment or at least taking care for a five year survival period. This can be accomplished with modern diagnostics and treatment algorithms. But when looking into a metastatic cancer set up this is not the state, instead things are **more complex, more organ systems are involved, lymphatic involvement, electrolyte imbalances, cancer fatigue, aplastic anemia etc with low quality of life ending in a poor survival state than expected .**

Along with this in diagnostic work ups earlier contrast imaging **either CT /MRI / HPR offered guidance** but here in metastatic set up **PET/CT'S** are the tools to identify and categorise. More over the advisal by cancer specialists in the increased usage of these types of imaging techniques are **a result of this change in the politics of cancer.** Almost all treatment schedules rather than various modalities like TACE, RFA are centrifuging in this state with constrains in economics , socio-emotional upsets and more over the less availabilities of these interventions in and around.

While **analysing metastatic cancer**, usually it is seen that apart from a primary foci afflicted in a biopsy proven case having metastatic lesions in liver, lungs, glands, bones, brain etc numerous co morbidities shall also curtail the usage of conventional chemoradiation as scheduled. For instance **underlyig cardiac diseases , neurologicall deficits,granulocytic reduction, lymphatic involvement or with a second upsurge of Tumor markers in blood are some contra indication for a revised schedule of chemo radiation.** Here usage of homeopathic medicines offer an excellent oppurtunity for the patient to regain his physiological equilibrium for the time being.

To reduce a metastatic foci with other than chemo therapy / radiation / surgical approach it may **be a break even point** to hear and by systematic and careful study of the evolution and paraphernalia of the present state , homoeopathic medicines can make a regression of metastatic foci along with lymph node regression which can be evident from imageological, clinical and biochemical calibrations.

The high end in this scenario of homoeopathic intervention is that patient is brought to **a more better state of health** than the previous without considerable vital drains / a chronic illness state **even if not cured or relieved .**