

## Metastatic CA- A snake and ladder game in the field of oncology!

Usually metastatic CA from a primary site spreads to other foci depending upon the type and place of the primary affliction. Curiously enough many times cases present in OPD as secondary foci where we healers are forced to intrigue in depth through investigative and deliberative methods rather than clinical presentations. Here comes the most difficult part of analysis and of course management - where to start or what to start with.?

Oncologists are having differences of opinion whether to start with chemo therapy or radiotherapy rather adjuvant chemo radiation along with surgical intervention. Many times it is seen that surgical oncologists opine to go for surgical methods instead of chemo radiation first while medical oncologists lead the way by advocating chemotherapy or radiation depending upon the site and tissue involved. This seems no disparity for an unfortunate patient regarding the approaches but when he is forced to change the line of treatment he may fall into utter despair and confusion when he is brought to a new oncologist during his illness.

I wonder why?

The answer for this ambiguity has to pay much for a patient in **both economic and socio emotional equations**. As per the rule different cancers shows different affinity to visceral organs and there may be variations in and the time of spread for **instance liver, lungs and bones in order or bones, liver then lungs!**. Here comes a stale mate in dealing because opinions differ here much between practitioners which is of nothing beneficial for the patient. Academical inquisitiveness and histopathological analysis done in this situation shall only a little to offer regarding the prognosis for the patient since the presence of **multi system involvement ,co morbidities, electrolyte imbalances, focal neurological deficits, myelo suppression** etc may be crucial for the vital existence itself. we can see this dismay and disparity in numerous cases of metastatic cancer analysis for PET/CT taken at various time period usually in a period of six months,( but some over enthusiastic practitioners go for a three months period neglecting the amount of radiological hazards!!) the overall progression of disease despite adjuvant chemo radiations.

Practitioner should identify themselves, also they should realise themselves what to give or when to give or when and where not to interfere at least considering the best end for the patient. This may seem illogical and senseless for most of the oncological experts but when we make a regular follow ups for these types of cases which i have got innumerable opportunities till the last stages for these type of cases, **it will prove sensible and rational in all ways.**

**Snake and ladder game** is an age old entertainment for all walks of people showing the uncertainty of human life! . On a game board with squares, variegeated by designs, one will navigate according to the dice roll helped by ladders or hindered by snakes. A player's progression up the board is an analogy of life complicated by **virtues(ladders) and vices(snakes)**. Philosophically it encompasses the concepts like **karma and moksha**. At times we are unable to predict whether the squares will be leaped across with the help of a ladder or flipped by a snake that means it all depends on

the dice roll pattern after each attempt. To conclude, it doesn't matter regarding the size of the board, number of ladders, snakes or the time where we reach a position of fortune or misfortune!

Similarly *in metastatic cancer we can see an analogy of a snake and ladder game board just like the life span of a patient . All the various picturesque representations can be analogised to the co-morbidities, electrolyte imbalances, myelo suppression, fatigue and intervening infections etc .*

Starting from a point of intervention as chemo therapy, radiation, or surgery or adjuvant therapy or hormonal therapy the fortune, **that means the quality of life** for the patient is an ambiguous thing since by what option he is going to have a regression either in metastatic foci, reduction in tumor markers or lymph node status . Apart from the usual notion that if we took chemo radiation again and again to control foci or lymph nodes it is seen that total vitality of the patient is lost miserably putting him in a more pitiable state along with the presence of foci itself. This is quite obvious in a follow up study after RFA/TACE/ or adjuvant brachy therapy etc.

In a snake and ladder game if the dice roll falls for 2, for instance or 5 , either chemo therapy or radiation is administered mandatory without thinking whether this might be a ladder for the patient to a more better state of health rather than a snake drop for him in deterioration of overall health. Judicious administration of homoeopathic medicines in this stage prove beneficial as it is evident from innumerable cases..!