

Stomach and Food-Pipe Cancer is preventable and curable- Let the world know

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Synopsis

Stomach cancer begins from abnormal cells in the lining (mucosa) of the stomach. Tumours can begin anywhere in the stomach, although most start in the glandular tissue found on the stomach's inner surface. This type of cancer is called adenocarcinoma of the stomach (also known as gastric cancer).

If not found and treated early, stomach cancer can spread through the lymphatic system to nearby lymph nodes or through the bloodstream to other parts of the body, such as the liver and lungs. It may also spread to the walls of the abdomen (peritoneum). Rarely, it can grow through the stomach wall into nearby organs such as the pancreas and bowel.

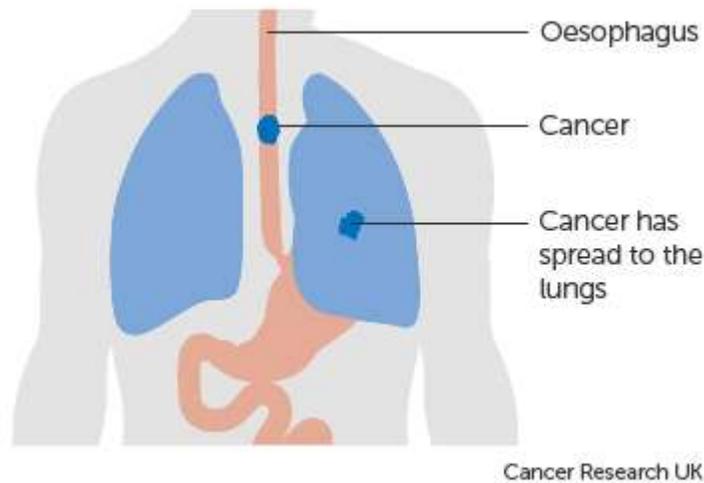
This paper is the outcome of a real-time case study we have managed to see tha Stomach and Food pipe cancer is controlled in a village called Burgumpad in Bhadradi District of Telangana state. The preventive measures we implemented have yielded good results and this paper gives a summary of these valuable measures for communities who can not afford corporate medical treatments these days.

Key Words : *Stomach Cancer , Food Pipe Cancer , Cancer management, Cancer Cure , Cancer medication*

Introduction:

This article is the experience of the author dealing with Food-pipe cancer cure & prevention by awareness campaigns in the villages of Burgumpad Mandal , Khammam Dt .Telangana State - India (PIN : 507 114)

The saga began when a cousin of ours, Peda Veerabhadram Barla (called peddanna) was diagnosed for SFPC which no one understood in the village ever. The family gave him Vepa mudda with Chilli , Tulasi mudda and many other herbal powders to burst the swelling in his food-pipe virtually blocking the food canal. The passage got narrower as at The NTR Cancer Hospital Hyderabad, keeping alive our hopes that Peddanna will be finally alive to take care of all the 20 members of the joint family which he nursed for 30 years. He was 65 in the year 2012.



His food pipe finally closed up. For a week he did not have anything, not even water to go in. Then doctors operated him in his abdomen and inserted a pipe near the naval to put in, food and water . Peddanna was still okay. He said one day, “ *God is testing me . Let him test. I will come out successful one day. Soon* ”.

However, the cancer inside was spreading . Radiotherapy, Chemotherapy like treatments failed. The drugs that were banned abroad, yet available in India , were prescribed . Testing Labs made money. Hospitals and Doctors got richer. The trauma multiplied on and on. It reached a peak and ...

Peddanna died on 25-12-2012 , leaving the family as orphans . He never allowed anyone to take troubles. “ *Peddanna was everything for us* ” they Lamented inconsolably . It became talk of the town . A spell of silence engulfed the grieved village.

The family , no more a family , saw its 3 young women members in their early 20`s, started working as maidservants . Their modesty and tenderness that Peddanna protected all along, faded soon ! . They are dead inside , alive outside.

The next year , 2013 saw another cease. And more as we surveyed the total 22 villages in the Mandal. The statistics show a frightening picture of SFPC Cancer killing scores of people . Yet Peddanna could have been saved. For sure ! with preventive measures .

This was later proven by the youth who took the mantle on themselves and created SFPC evangelists spreading in a chain reaction to educate people about SFPC . This has resulted in a situation where we did not see cases of SFPC in the last 5 years in our villages.

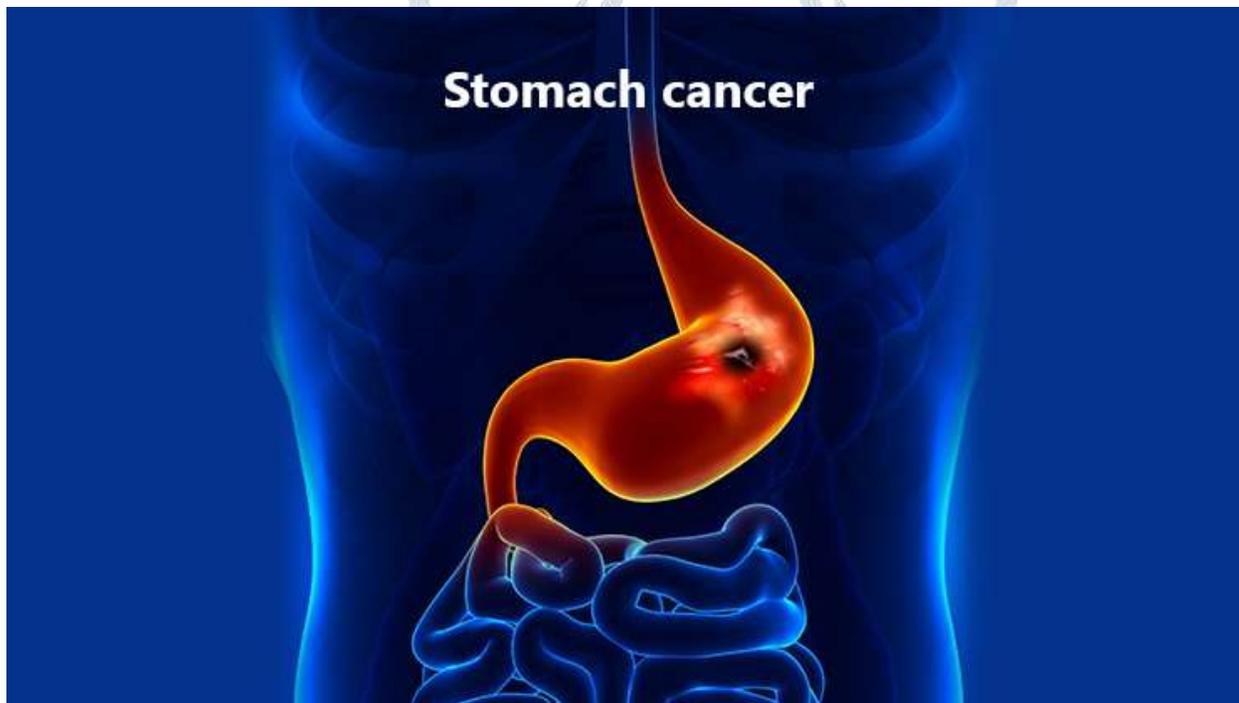
A very inspiring experience indeed ! . It taught us “ *Prevention is better than cure* ” .

But let`s start from its basic understanding;

Understanding SFPC

Yuvraj Singh , Lisa Ray Revathi and Manisha Koirala became the best evangelists of cancer-care & cure, after their war against cancer. Their literature , talks and takes have been of great significance in the “ cancer-cure” for the common man in our villages . The general understanding on SFPC is ;

- a) Aberrations in genetic mutations, is believed to be the first cause of SFPC , from the medical and Biotech Community. But literature has inadequate evidence of any gene responsible for it, while more research is underway.
- b) Microbial Causes ie attack of virus or bacteria are the predominant reasons, not genetic but acquired. Thus the need for care and cure.
- c) Immunodeficiency in the human body which makes it susceptible for cancer development by many reasons unknown to the scientists so far despite tons of scientific knowledge we produce and archive not bringing it all to the common man.
- d) The consumption of tobacco in any form , The use of certain metals and chemicals in food items , Junk or fast food – as the most promising source of cancer (Peddanna used to take cigars)
- e) The environment & water pollution and other forms of contamination.
- f) Cancer sources within & outside , the human body



Therefore the key to cancer cure lay in better management of the problem . More science, more confusion. But following people like Yuvraj, Revathi , Manisha , Lisa and last but not the least , The Grand Maa seems to be the best bet for the Indian rural folks for prevention of SFPC . Chinese , says Nobel Laureate Dr You You , have practiced it for generations.

Now let us hear what Americans have to say ;

Let the World Know

The American Cancer Society (ACS) has listed & propagated “CAUTION” as the best awareness tool among rural Americans unlike in the developing countries. This reads;

C = change in bowel and bladder routines

A= A sore that would not heal

U= unusual discharge or bleeding

T= Thickening or lump formation

I= indigestion and difficulty in swallowing

O= obvious change in wart or mole

N= nagging cough or hoarseness

Propagation of CAUTION, brought caution among the affected and early action prevented the disease. This worked wonders in America. Why not India piggyback and improvise on this experience? For this, We interviewed several people, studied literature and research works. Our recommendations are briefly documented herein. The survey results are appended hereunder as table -1 as per Likert Scale measurement.

Table – 1

Parameter / Weigtage	Strongly Agree =4	Agree =3	Cant say =0	Dis Agree =1	Strongly Disagree=2	Total
C	2	4	4	1	1	12
A	3	3	6	1	1	14
U	4	2	5	2	2	15
T	4	5	6	2	1	18
I	5	4	2	2	2	15
O	4	2	5	2	1	14
N	3	3	2	3	1	12
	25	23	30	13	9	100

The aforementioned table-1 indicates that 25 people strongly agreed which makes a product of $25 \times 4 = 100$ and 23 people agree which makes a product of $23 \times 3 = 69$. So the grand total score for the people in agreement is 169 against $9 \times 2 = 18$ and $2 \times 9 = 18$ totaling 36 towards disagreement. We neglected the scores of can't say although 30 people were indecisive (may be due to newness of the scale or as they are not very well educated in the village).

By this we concluded that the method of C.A.U.T.I.O.N, as recommended has been validated by the village youth.

Then we went ahead with propagation of the lifestyle among the villagers as under.

Let the World Know - Lifestyle Approaches to SFPC

We said to the households and each person in the house of all houses in the village as under.

Food is the best medicine. The aforesaid symptoms must create consciousness in the affected person and his people, to change lifestyles. Some of the common man's measures- let the world know are ;

- a) Stop tobacco and Alcohol
- b) Avoid movement in polluted zones
- c) Embrace Yoga & Pranayama to pump in more Oxygen into the body
- d) Adopt water therapy, as pure water cleans the biological systems within human body well.
- e) Take fiber-rich foods like fruits and veggies , as the majority of food intake daily.
- f) Use a right mix of spices that have curative effects
- g) Turmeric & Garlic in daily food that has cancer curing ingredients ,
- h) Daily Tulasi leaves intake
- i) Daily Curd
- j) Follow the doctor`s advice & Family and Friends for the emotional support .

Nevertheless, saying is easier than doing. The Science and Art of SFPC are talked more and walked less . Hence the need for development of a formal system, involving The Govt, NGOs , Private Sector and People . We recommend the following framework for India .

Recommendations:

Our experience covering all the 22 villages in the Burgumpad Mandal and Delphi Interviews with people reveals 4 pillared framework of dealing with SFPC as under.

- a) The Govt should declare SFPC as the **National Mission** located in all Post Offices (for better reach) Putting people and resources with Robust Laws in place. Not as any other Govt Scheme but as a rigorous program under the direct control of the PM for 10 years , to eliminate causes of SFPC and create a **national fund** to support the families like that of Peddanna. Thereafter, the SFPC mission should take care of it on a regular basis.
- b) **Exclusive NGOs** should come up for handling SFPC . This should arise out of social activists in the society who will be given identity as the SFPC eradication activist with suitable incentives to work at the grassroots level. The **SFPC eradication activists** would undertake to educate people about **The Science , CAUTION & Lifestyle** on SFPC like in USA .
- c) Private Sector should be incentivized to take-up **SFPC under their CSR programs** of Corporate Social Responsibility Under The companies Act 2013 & Schedule VII thereof . The Act may be amended suitably to provide priority to the SFPC mission as a distinct mission for the Govt, Public and Private sectors alike.
- d) The **Curriculum at School & College level** in the Health Education paper should include SFPC & its awareness creation as the valuable and privileged pride of the citizens , who are seen as respectable servants of God (Like the medical and nursing community).

It is hoped that the said framework will be further studied at the national level to make a national policy on SFPC , so that one day we see an India free of SFPC .

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References

American Cancer Society. *Cancer Facts & Figures 2020*. Atlanta, Ga: American Cancer Society; 2020.

American Joint Committee on Cancer. Larynx. In: *AJCC Cancer Staging Manual*. 7th ed. New York, NY: Springer; 2010: 57-62.

American Joint Committee on Cancer. Pharynx. In: *AJCC Cancer Staging Manual*. 7th ed. New York, NY: Springer; 2010: 41-49.

Atkinson JC, Harvey KE, Domingo DL, et al. Oral and dental phenotype of dyskeratosis congenita. *Oral Dis*. 2008;14:419-427.

Benninger MS, Gillen J, Thieme P, Jacobson B, Dragovich J. Factors associated with recurrence and voice quality following radiation therapy for T1 and T2 glottic carcinomas. *Laryngoscope*. 1994 Mar;104(3 Pt 1):294-8.

Bonner JA, Harari PM, Giralt J, et al. Radiotherapy plus cetuximab for squamous-cell carcinoma of the head and neck. *N Engl J Med*. 2006;354:567-578.

Caporaso N, Dodd KW, Tucker MA. New Malignancies Following Cancer of the Respiratory Tract. In: Curtis RE, Freedman DM, Ron E, Ries LAG, Hacker DG, Edwards BK, Tucker MA, Fraumeni JF Jr. (eds). *New Malignancies Among Cancer Survivors: SEER Cancer Registries, 1973-2000*. National Cancer Institute. NIH Publ. No. 05-5302. Bethesda, MD, 2006. Accessed on 4/18/2014 at http://seer.cancer.gov/archive/publications/mpmono/MPMonograph_complete.pdf.

Carvalho AL, Nishimoto IN, Califano JA, Kowalski LP. Trends in incidence and prognosis for head and neck cancer in the United States: A site-specific analysis of the SEER database. *Int J Cancer*. 2005;114:806-816.

Forastiere AA, Goepfert H, Maor M, et al. Concurrent chemotherapy and radiotherapy for organ preservation in advanced laryngeal cancer. *N Engl J Med*. 2003;349:2091-2098.

Forastiere AA, Zhang Q, Weber RS, et al. Long-term results of RTOG 91-11: a comparison of three nonsurgical treatment strategies to preserve the larynx in patients with locally advanced larynx cancer. *J Clin Oncol*. 2013;31(7):845-852. Epub 2012 Nov 26.

Furusaka T, Matsuda A, Tanaka A, Matsuda H, Ikeda M. Superselective intra-arterial chemoradiation therapy for functional laryngeal preservation in advanced squamous cell carcinoma of the glottic larynx. *Acta Otolaryngol*. 2013;133(6):633-640. Epub 2013 Feb 11.

Gold KA, Lee HY, Kim ES. Targeted therapies in squamous cell carcinoma of the head and neck. *Cancer*. 2009;115:922-935.

Haddad RI, Shin DM. Recent advances in head and neck cancer. *N Engl J Med*. 2008;359:1143-1154.

Howlader N, Noone AM, Krapcho M, et al (eds). SEER Cancer Statistics Review, 1975-2010, National Cancer Institute. Bethesda, MD, http://seer.cancer.gov/csr/1975_2010/, based on November 2012 SEER data submission, posted to the SEER website, April 2013.

Kikidis D, Vlastarakos PV, Manolopoulos L, Yiotakis I. Continuation of smoking after treatment of laryngeal cancer: an independent prognostic factor? *ORL J Otorhinolaryngol Relat Spec*. 2012;74(5):250-4. Epub 2012 Oct 13.

Kushi LH, Doyle C, McCullough M, Rock CL, Demark-Wahnefried W, Bandera EV, Gapstur S, Patel AV, Andrews K, Gansler T; American Cancer Society 2010 Nutrition and Physical Activity Guidelines Advisory Committee. American Cancer Society Guidelines on nutrition and physical activity for cancer prevention: reducing the risk of cancer with healthy food choices and physical activity. *CA Cancer J Clin*. 2012 Jan-Feb;62(1):30-67.

Kutler DI, Auerbach AD, Satagopan J, et al. High incidence of head and neck squamous cell carcinoma in patients with Fanconi anemia. *Arch Otolaryngol Head Neck Surg*. 2003;129:106-112.

Mendenhall WM, Werning JW, Pfister DG. Treatment of head and neck cancers. In: DeVita VT, Lawrence TS, Rosenberg SA, eds. *DeVita, Hellman, and Rosenberg's Cancer: Principles and Practice of Oncology*. 9th ed. Philadelphia, Pa: Lippincott Williams & Wilkins; 2011: 729-780.

Moyer JS, Wolf GT. Advanced stage cancer of the larynx. Part A: General principles and management. In: Harrison LB, Sessions RB, Hong WK, eds. *Head and Neck Cancer: A Multidisciplinary Approach*. Philadelphia, Pa: Lippincott Williams and Wilkins; 2009: 367-384.

National Cancer Institute. Physician Data Query (PDQ). Hypopharyngeal Cancer Treatment. 12/12/2013. Accessed at www.cancer.gov/cancertopics/pdq/treatment/hypopharyngeal/HealthProfessional on February 19, 2014.

National Cancer Institute. Physician Data Query (PDQ). Laryngeal Cancer Treatment. 2/15/2013. Accessed at www.cancer.gov/cancertopics/pdq/treatment/laryngeal/HealthProfessional on February 19, 2014.

National Comprehensive Cancer Network (NCCN). NCCN Clinical Practice Guidelines in Oncology: Head and Neck Cancers. V.1.2012. Accessed at www.nccn.org/professionals/physician_gls/pdf/head-and-neck.pdf on October 22, 2012.

Rock CL, Thomson C, Gansler T, et al. American Cancer Society guideline for diet and physical activity for cancer prevention. *CA: A Cancer Journal for Clinicians*. 2020;70(4). doi:10.3322/caac.21591. Accessed at <https://onlinelibrary.wiley.com/doi/full/10.3322/caac.21591> on June 9, 2020.

Romesser PB, Riaz N, Ho AL, Wong RJ, Lee NY. Cancer of the head and neck. In: Niederhuber JE, Armitage JO, Doroshow JH, Kastan MB, Tepper JE, eds. *Abeloff's Clinical Oncology*. 5th ed. Philadelphia, Pa: Elsevier; 2014:1037-1070.

Vermorken JB, Mesia R, Rivera F, et al. Platinum-based chemotherapy plus cetuximab in head and neck cancer. *N Engl J Med*. 2008;359:1116-1127.

