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Immunotherapy-an old wine in a new bottle

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- Auto urine therapy: practised in India for over 5000 years. Based on concept that unused antibodies are excreted in urine after malignancy is established in body. By ingestion of urine, these are returned to the host (e.g. urokinase in patient of myocardial infarct.)
- Antioxidants, Vit A, Vit E, extract of Sorghum Vulgare plants
- Immune-modulator drugs like Levamisole, Immunomod.
- Pyrotherapy- injection of streptococcal toxins, typhoid vaccine and injection of milk
- Voluntary apnoea- either by increasing breath holding time, Co2 inhalation or rebreathing in paper bag(as for hiccups)

Specific methods

- Extract of semicarpus anacardium (Bibba, Bhilva). The sap of fruit has a very powerful antigenic effect when it comes in contact with living tissues. Used by Dr Wad- Prof of medicine J.J group of hospitals, Mumbai in advanced cases of Ca. Oesophagus in 1930s.
- Use of selective action of HEAT on malignant cells in situ.(Hyperthermic, Exsanguinating, Anoxic, Tumour infusion/perfusion). The combination of factors adverse to delicate malignant cells, cause partial or total damage to tumour, the surviving tumour cells activate the antibodies of host. Similar effect can be achieved by devascularisation of tumour cells (ligation of feeding artery or embolisation) in selective cases. Debulking of tumour by thermo-coagulation gives relief from bleeding, obstruction and prolonged suppression of tumour spread.
- In special situation like bleeding from bladder tumours, hyperbaria, irrigation with formalin solution (0.5%),and intratumour injection of BCG vaccine has been useful. Application of formalin to surface tumours (Mohs' chemosurgery with zinc chloride) helps control bleeding and spread of tumours.

Necessity is mother of invention. There is no end to finding out solutions to problems created by malignancy, while laboratory research continues to look for permanent cures.

In 3% of cases the life becomes bearable and comfortable when all accepted modes of treatment have been exhausted. Same thing can be said in treating intractable pain of malignancy by simple intrathecal injection of hypertonic saline

Three cases on record-1) Sherry john-lymphoma (semicarpous anacardium)

2) Dr A.V.Bavdekar- Ca. Stomach (Auto urine & semicarpous anacardium)

3) Mr. Bhagwat –metastatic pancreatic tumour (levamisole)

Biography

C.V.Patel is Full Professor of Surgery & Chief of Oncology in Seth.G.S.Medical College & K.E.M.Hospital, India. He was done his training in K.E.M.Hospital, Tata Memorial Centre, India, Westminster Hospital, Royal Marsden Hospital & Christie Hospital in England and M.D. Anderson Hospital, Memorial Hospital in USA. Presently, he is work in care of advanced cancer and terminal patients in rural India.

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