

Jeevodaya Hospice

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Editorial

Shakespeare described mercy as 'twice blessed': it blesseth him that gives and him that takes. All those who work at Jeevodaya can attest to that. For many that enter our portals there is little that we can do other than ease the pain of their remaining days, to let them die peacefully surrounded by loving hearts. However the fact remains that many types of cancer can be cured, if it is detected in the early stages. The failure to diagnose spring from a lack of awareness and to redress this lack is one of the primary goals of this newsletter.

In this issue we have focussed on Breast cancer. Though breast cancer generally affects women folk there is a disturbing increase in the percentage of men who are affected by the disease. Currently we have one such patient at Jeevodaya. Mr. Chakrapani from Ambattur is a victim of breast cancer since December 1999. He came to Jeevodaya in the first week of May 2000 with a fungating wound in his breast after a surgery and R.T and C.T at G.H Chennai. Now he is blessed to have his wound partly healed but still needs regular dressing and he complains of pain in the breast.

– Sr. Lalitha Teresa F.C.C.

My Happiness have been turned to Blessings

Nestled in Mathur village in the outskirts of Chennai stands Jeevodaya – a beacon of light to the advanced cancer patients, whose days are numbered. On my visit to this Hospice last Sunday, I was told that six of the patients whom I met in my last visit, two weeks before, have been called to eternal rest. But what astounds me is the unfathomable calm and cheerfulness on the face of every patient, as if to say, 'Yes, I am going to die soon, but I consider my sufferings as blessings, thanks to the loving care of the sisters.'

Though far from their home, these patients, rejected by all the hospitals as incurables, feel at home at Jeevodaya, because each one of them is cared for with love and smiling face as if they are the most precious persons in the world. If not at Jeevodaya they would have been racked by pain, rejection and loneliness.

It reminds me of the incident in the life of Mother Teresa (by her biographer N. Chawala) where a woman lies on the pavement with flies and rats around her in Calcutta but no one to care; till Mother Teresa finds this woman and carries her in her arms and takes her to the Nirmal Hridayh. She was given hot water bath, clothing and warm horlicks. Within the next hour she breathed her last, saying: "I am a Muslim but I see Allah in you, Mother." What a beautiful death! Such events occur regularly in Jeevodaya.

A visit to this Hospice is an enlightening one. These patients are happy when someone sit beside them to listen to their tales of yesteryears. Won't you, readers like to take a short time off your daily grind and find happiness in sharing your love and concern with these patients. You are never sure to see them – all of them – at your next visit.

– Mr. James Chandran

Man

BREAST CANCER

Woman

Breast cancer is the most common type of cancer among women in the U.S. In India it is the second most common cancer among women after Cervical Cancer. In Bombay cancer breast has overtaken the cancer cervix in incidence. The incidence in Parsee women in India is particularly high.

The following are the risk factors associated with breast cancer

1. *Female sex is a major risk factor for breast cancer, which is hundred times more common in women than in men.*
2. *Breast cancer increases with age.*
3. *Spinsters, nulliparous women, and those having first delivery at 30 years or later have a high risk. The estimated risk in women who deliver their first child at 30 or later are nearly double than those who had it before 20 years. Subsequent pregnancies in a young patient will have no protective effect.*
4. *A positive family history is associated with an increased risk of the disease. The risk is greatest in patients with first degree relatives (Mother/ Sister) affected more so if they were in the pre menopausal period, when cancer developed.*
5. *There is probably a direct genetic factor involved in the development of breast cancer in 5% of all cancer cases.*
6. *Early Menarche, late menopause.*
7. *Exposure to radiation. There is a latent period of 10-15 years.*
8. *Severe Atypia and Hyperplasia has a moderately increased risk of breast cancer.*
9. *There are no definite studies showing any association between breast feeding on the increase of breast cancer.*
10. *No definite association has been shown between usage of oral Contraceptives and occurrence of breast cancer. Unopposed action of estrogen on the breast increases the risk of breast cancer.*

11. *There is no conclusive evidence that dietary modification reduces breast cancer incidence or alters prognosis after a diagnosis of breast cancer. The link between dietary fat and breast cancer is weak.*
12. *Alcohol has a modest association with breast cancer in women under the age of 30.*

If breast cancer is detected at a late stage, then it is a tragedy. Treatment often means a mutilating surgery with removal of breast. Delay in diagnosis due to ignorance of patient and doctor often contributes to this. Breast cancer is curable only in early stages.

Breast cancer may be present as lump in the breast, painful breast mass, nipple discharge, nipple retraction or local edema.

Early detection of breast cancer consists of :-

1. *Self examination*
2. *Screening*

Every woman should know how to conduct self-examination of the breasts periodically. This applies to all women above 30 years of age and to woman who have a family history of cancer.

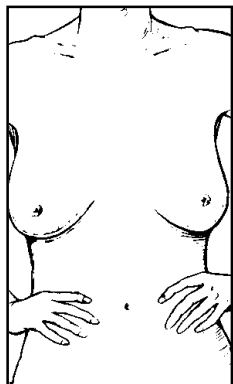
The responsibility of for detecting a breast cancer lies probably on each woman herself. Regular examination of her own breast by vision in front of a mirror and a few minutes by feeling with the palm, in the first week after the periods would constitute self-examination.

What should one look for in self-examination?

1. *Change of nipple direction*
2. *Nipple discharge, especially at a single point.*
3. *Under arm lumps*
4. *Bulge*
5. *Orange peel skin of recent onset*
6. *Dimple over the breast*
7. *Pulling in of nipple, of recent onset*

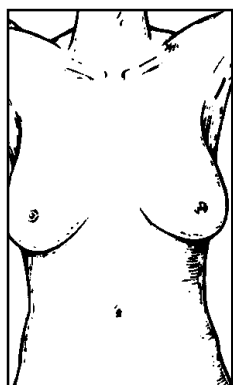
Breast self-examination can help early identification of any problem.

In front of a mirror



Place your hands on hips, turn from side to side.

Press shoulders inward and bend forward. Check for Nipple discharge.

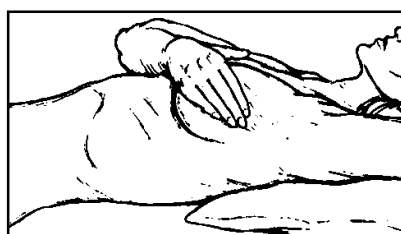


Place your hands behind your head and press forward, turning from side to side

Look for :-

1. Changes in breast size, shape, skin texture or colour, redness, dimpling or puckering

2. Nipple changes such as discharge, scaliness, pulling to one side or change in direction



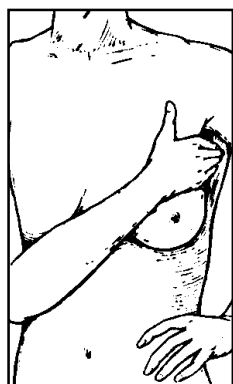
Lying flat

1. Place a small pillow or towel under your left shoulder. Put your right hand at the top of the left breast and palpate with the palm in a circular motion and feel the presence of any lump

in the breast. Use the left hand for the right breast.

2. Feel for lumps above and below the collar bone.

3. Examine the area all around the nipple too.



Check for lumps under your arm

A careful examination by a doctor is necessary in doubtful cases. Investigations like mammography and fine needle aspiration have helped spotting of many early cases and pre cancer cases.

Loss of a breast to cure cancer may be a tragedy, but loss of life is more tragic. Today reconstruction of the breast is not a problem if one desires it.

Dr. M. Snehalatha M. S

To share or not to share?

“Should I talk about cancer with her?”

“Will it upset him if I tell him the truth?”

“She won’t be able to take it. So I think we shouldn’t discuss the diagnosis with her”

“She shouldn’t be allowed to worry about things”

These are all things that might be said by partners or close family members about a person with cancer. It’s all a way of protecting ourselves from having to talk about something that is painful to us, and that might lead to displays of emotion.

But the truth is that this only leads to mistrust and you can get caught up in a web of lies and deceit.

Very few people who are having treatment for cancer don’t know that they have cancer. Even if they don’t say it openly, it will probably cross their mind at some point in their treatment.

None of us has the right to deny the truth to someone else about his or her health. If a person doesn’t want to know, they will usually make it clear in the way they ask questions. It is important to be sensitive to this, and to reply appropriately. They may use words like ‘it’ to refer to cancer.

“I’ve got it, haven’t I?”

It might be helpful to ask them gently what they mean by ‘it’, so that you can then start to talk openly. If they don’t want to use the ‘cancer’ when you gently probe, it may be an indication that she or her doesn’t really want to talk things through yet.

Some people with cancer think things through in their minds first and then will ask, possibly in different ways, to find out what they want to know. Very few people will never ask and will never want to talk openly. Most people want to know something even if it leads to them then being very angry or sad. It can be very

cont...

Breast Cancer - Deadlier among Men

Four out of every 100 patients are men and the number is steadily increasing. Not only are men becoming more prone to breast cancer, the disease in males is more virulent and deadlier. Dependent on a hormonal imbalance in men, apart from surgical removal of the tumor, the management of the cancer also includes removal of the Testes.

Dr. Sameer Kaul, consultant oncologist at Indraprastha Apollo Hospital, confirmed, "Of all the breast carcinomas seen, about five per cent afflict males. As in females, the tumor can be felt as lump in the chest of the males. But unlike the case in females, the cancer is more virulent in males and the survival rate is poor."

In classic cases, the patient comes to the doctor at a stage when little can be done. Also the nature of the tumor leaves radical surgery as the only option.

In women, the tumor is not so deadly because it feeds on the breast tissue and this can be removed in men, however, since there is no breast tissue, the cancer eats into the chest muscle and reaches the bone.

"By the time the patient comes to us, the tumor is fixed to the chest wall and has already spread to the liver, lung and bone. Extensive, radical surgery has to be performed to save the patient's life", Dr. Kaul added.

Dr. S. Khanna of Dharmasila Cancer Hospital and Research Center said, "Once the lump is seen, we insert a needle and confirm whether it is benign or malignant, and decide the future course of the treatment."

The surgery for men suffering from breast cancer involves removal of muscle down to the chest. wall "the radical mastectomy is requires because the tumor is extremely tenacious and we want to remove all

traces of it" Dr. Kaul said.

He further added that the cancer in men is dependent on a hormonal imbalance. "There is an imbalance between the male hormone Testosterone and the female hormone Oestrogen. Apart from the radical mastectomy, we also have to remove the store house of male hormones, the Testes," he added.

The hormonal imbalance is an important element of the all allopathogenesis of the illness.

Dr. Kaul advised that men should examine themselves once a month in front of a mirror. "They should look out for any lumps under or around the nipple, on the chest, under the armpit, any sore that is not healing and any discharge or blood from the nipple. Men should be especially careful of any lumps that are not painful. Painful lumps may turn out to be harmless inflammations, but the painless lumps could turnout to be malignant tumors," he added.

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to share or

important to express these emotions. It is all part of learning to cope with and live with cancer.

Most doctors believe that the person with cancer has right to know what is going on. Situations where the family is told but not the person happen less often today, but it is still a dilemma for some health professionals and for some families.

It might be hard to face the truth, but it is far harder for a person with cancer to cope if she or he feels the truth is being kept from her or him. If trust is lost it may never be regained, and relationships can be permanently damaged.

There are people, including professionally trained counselors, who can help you to talk to each other about things that feel difficult. Don't be afraid to ask for help. It can make all the difference to your life and to the life of the person with cancer.

No. of Cancer screening camps conducted by Jeevodaya since last three months	-	4
No. of Persons Screened	-	168
No. of Cancer cases identified	-	7

Total No. of Patients admitted at Jeevodaya	-	1111
Cancer Breast	-	159
Cancer Cervix	-	240

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