Focus on Lung Cancer : Part 2

Letter 44: November - December 2005

(Continuation of Lung Cancer Part 1)

In 2002, Eric Vallienes of the University of Washington, Seattle, USA, Adjuvant radiation therapy after complete resection of non-small-cell lung cancer. J. Clinical Oncology 20: 1427-1429, wrote: The main reason why adjuvant radiotherapy had failed is not because the wrong radiation was given or the wrong population was studied. It is because our patients die of systemic disease.

An editorial in the New England Journal of Medicine, 2002.46:126-128: Lung Cancer - Time to Move on from Chemotherapy, had these words: Surgery, radiation therapy, combination chemotherapy or a combined approach yet after 20 years the improvement in long-term survival has been slight. The current treatment is nonspecific, nonselective and toxic. New combinations of chemotherapy are not likely to make substantial improvements in survival. It is clear that new approaches are required.

Stephen Spiro and Joanna Porter. 2002. Lung cancer where are we today? American J. Respiratory and Critical Care Medicine. 166:1166-1196: wisely pointed out that clearly, if a disease cannot be cured by a particular treatment, the potential benefits in terms of quality of life have to outweigh direct toxic effects and also be reasonably cost effective.

To this I wish to add that, if there is no worthwhile treatment, then is it prudent that patients be told the truth. Why hang on to something that does not work?

Lung Cancer Stories

Lung Cancer Story 1: Lung cancer had quality life, died two years later.

This is a short e-mail from Arizona, USA.
Date: 15 December 2004.

Dear Dr. Teo,
We all want to thank you for the difference you made in our momâ€™s fight against cancer. She out-lived the doctorâ€™s prognosis by two and a half years! We are satisfied that her quality of life was greatly enhanced by your treatment and are very grateful. She did pass away on 16 November 2004. Thank you again.

The H family.

Note: The patient had lung cancer and had started to take the herbs some years ago. She was well for some years before she died.

Lung Cancer Story 2: Open-close surgery declined chemotherapy on herbs lived a quality life for almost two years.

Chan /b 735, was a 52-year-old male and smoker of thirty-plus years. A CT scan showed a mass in the left upper lobe of his lung. An open-and-close-surgery was done in December 2002. The surgeon saw multiple deposits on the pericardium (heart lining) and diaphragm as well as the visceral pleura of the lower lobe. The operation was aborted.
Chan was then advised to undergo chemotherapy but declined.
Chan came to us on 27 December 2002, and was started on the herbs. He had no symptoms. Before the surgery, he was alright but after the surgery he became breathless when talking. Three weeks on the herbs, there was no more breathlessness when talking. Chan felt well and had more energy.

Previously he had coughs. These too disappeared after taking the cough herbs. We asked him why he would not go for chemotherapy as suggested by his doctor. He said, Oh, no, no. I have many friends who went through chemotherapy
and they all died.

We advised Chan to take care of his diet. He owned a coffee shop and worked from morning till night without rest. We pointed out that such punishing work schedule was not good for his healing. Even though he was feeling good, he must take time to rest and do some qi kung. He needed to build a strong and healthy body. That was the only way to allow the body to heal itself.

By August 2003, Chan had put on weight and had started to do qi kung exercises. He felt energetic and well. He was able to sleep very well and had no other problem at all.

A year later, February 2003, Chan stopped his qi kung exercise. Since the past month, January 2003, he started to feel dizzy when hungry. In April 2004, he had a lump below his right ear. He took herbs from another herbalist and felt that the lump had gone smaller. But the dizziness still persisted. We suggested that he go for a brain scan but he was reluctant. Unfortunately, we were told that he had started to smoke cigarette again!

In June 2004, his condition deteriorated. He had no energy to talk and could not sleep at night. His ears seemed to be blocked. A scan in June 2004 indicated lesions in both lungs, right nasopharynx and possibly both celebri. The primary could be at the right nasopharynx. His wife saw us on 19 September 2004, and said that he had decided to stop taking our herbs. Chan died soon afterwards.

Comment: Chan had been on our herbs for about 1 year and 9 months. Can chemotherapy do any better?

Lung Cancer Story 3: Stage 3 lung cancer six months to live declined medical treatment on herbs - Â died after two years living a quality life.

Tan /b979, was a 72 year-old male who had been smoking for the last fifty-plus years. Sometime in December 2003, he expelled out sticky, blood-stained phlegm. A bronchoscopy indicated a 15 x 24 mm nodule in the right hilum. His was lung cancer, stage 3B. The doctor told him that it would be good enough if he could live for six months. Another doctor told him that he could last for only a few months. This being so, he declined chemotherapy. He and his children came to see us on 2 January 2004 and at that time he was suffering from tobacco-withdrawal syndrome. As a result he was on Nicorette, nicotine-containing inhaler instead of cigarette.

He presented with poor appetite and was unable to sleep well. He had diarhoea. He was breathless due to the presence of stubborn phlegm embedded at the bottom of his throat. This made him very tired.

Since Tan had no other avenue left, he and his children held onto us for all possible help. I must admit I too experienced much stress because of this. Every week, Tan or one of his sons, would come and report the progress of his illness. Fortunately for us, Tan was a very pleasant, lovable person and was ever ready to follow instructions.

A week on the herbs, Tan had pulling sensation in the chest. There was no more diarrohea. In the second week, the pulling sensation in the chest disappeared. He became more energetic.

In July 2004, Tan had to be hospitalized because of severe breathlessness. He had to be given oxygen for his lung had collapsed. After a few days, he bounced back to life again. He was able to come and see us again. But later his condition continued to deteriorate again. I suggested that perhaps chemotherapy was the only answer. Tan smiled! But he was not prepared to do that just yet.

On 5 December 2004, it was a great surprise that a young boy came to our centre to collect herbs for Tan. He is Tanâ€™s grandson. He told us that Tan was doing very well. He would wake up in the early morning and walked to the market buying vegetables. He liked to cook for the family. He could drive and even had the energy to scold his grandchildren!

Tan died in his sleep in March 2005 without any suffering.

Comment: Tan lived a full two years after being diagnosed with lung cancer. His doctor gave him six months, at most.

Lung Cancer Story 4: Fluid-filled lung no medical treatment indicated on herbs life back to normal died after two years.

YK /k118, was a 75-year-old lady. She suffered from chronic asthma besides high blood pressure. She had to use inhalers and oxygen for her asthma. She was diagnosed with lung cancer on 28 January 2003. There was a 2.5 cm mass in her fluid-filled lungs. Due to her old age, no chemotherapy or radiotherapy was indicated.

Her son came to us for help. YK was immediately started on the herbs. We received two e-mails from her son who would like to share his joy with all of us.

E-mail dated 25 Mar 2003.
Dear CA Care,

Just want to express my joy for the encouraging progress of my Mom’s case. My mom was diagnosed for lung cancer on 14 Feb 03. She is 74 years old. Her left lung was flooded with fluid and her legs swelled.

Doctor advised that she would not be fit for any form of chemotherapy or radiotherapy. It was by chance that we were introduced to CA Care.

My mom started taking the Capsule A, C-tea, Lung Tea (and later Lung 2 was added) and Lung-Phlegm from 17 Feb 03 onwards. On 22 Feb 03, our doctor examined her and found her left lung was clear of fluid and the swelling on her legs was gone.

We continue to take the CA care herbs. On 22 Mar 03 an X-ray was taken and doctor was surprised that the lump in the left lung had shrunk to about one-third of the original size.

My mom’s conditions are very well. Her appetite is good and she resumes most of her normal activities. I am just too delighted on this and hope to share this info with everyone. The next consultation will be on the 24 May 03. I will update status of her conditions by then.

I must express my thankfulness to you.

Gracefully, ST of KL.

E-mail dated 25 May 2003.

Dear Prof. Chris Teo,

I would like to update my mom’s case. It had been three months since she’s been taking your herbs. As mentioned in my e-mail dated 25 Mar 03, she recovered very positively after taking your herbs.

On 24 May 03, we took her to the same lung specialist to examine her. The doctor told us that her lungs are normal, heartbeat is normal except that her blood pressure is a bit high at 160/80. She needs to carry on taking the high blood medication. Another good news is that she gained four pounds this time. We decided not to take any X-ray for the whole 2003 to minimise her exposure to radiation since she had gone through many X-rays and CT three months ago.

I spent a few hours with my mom yesterday and found that she can do her normal household chores and talk as loud as before. I truly believe your herbs have brought her back from the dark. Well, on top of herbs, I found also that cancer patients really need a lot of emotional console and morale support everyday. We all must be strong at heart to carry out this battle of cancer.

Thank you to your contribution to mankind in this difficult battle against this disease. God bless you.

Yours gracefully,

ST.

Comment: The patient died in December 2004 about two years later. She was able to lead a normal life, free from pains and debilitating problems. Was her death due to cancer or old age?

Lung Cancer Story 5: Misdiagnosed with lung cancer with metastasis to liver chemotherapy and radiotherapy turned to herbs cryoablation in China lung tumour stabalised.

SK is a 52-year old male, non-smoker and non-drinker. Sometime in November 2001, he had problems with his lungs and was initially diagnosed with tuberculosis (TB). He was put on TB drugs. But in July 2002, his problem turned out to be lung cancer. He underwent radiotherapy (twenty-five times) and chemotherapy (Gemcitabine, Carboplatin and Navelbine). After the third cycle of chemotherapy, the tumour shrunk. SK underwent three more cycles of chemotherapy.

CT scan in July 2002 indicated two nodules in his liver, probably metastases. In December 2002, SK suffered lung fibrosis and pneumonitis. He was put on oral chemo-drug, UFT. In April 2003, the liver was shown to have three nodules.

SK knew that he was on the wrong path and decided to forgo further medical treatment. On 22 May 2003, I received a fax from SK.

Dear Dr. Teo,
My name is CSK. Age 52, male, non-smoker and non-alcoholic. Recently I went to see a Chinese herbalist to get some herbs for my lung cancer. I have been looking for alternative medicine since I was diagnosed with lung cancer since 5 July 2002. After that I went to a book store to look for herbal books, to find out how herbs can prevent cancer recurrence.

I always pray at the Temple that God will show me the way to find this herbal medicine. At the last moment, I found your book! God has led me the way. I read your book in three days, including most of your website information.

I have just returned from Kuala Lumpur where I did a follow up check. At present I seem OK. I can eat, sleep and do my work. I only worry about my liver and my lung recurrence. My oncologist, Dr. T of T Hospital said I am progressing good, but I am doubtful.

I hope to hear from you soon.

SK was started on herbs. On 5 June 2003, I received an e-mail from SK.

Glad to have talked with you by telephone a few days ago. After taking your herbs for only six days the whitish coating in my tongue is gone!

I received your prescribed herbs on 26 May 2003 and I immediately boiled them and finished the last one at 12.40 a.m., late at night. I had coughs with mucus; my tongue had thick whitish coating since I started my chemotherapy and radiotherapy in July 2002. After taking the herbs: My coughs were better. I did not feel breathless anymore when climbing the staircase. The whitish coating of my tongue became thinner. I knew I was feeling better already.

Soon after this, SK noticed that: after brushing my teeth in the morning the whitish coating on my tongue was gone.

SK’s health improved tremendously. He was on high blood pressure pills for the past four years and after taking the herbs, his blood pressure became normal. After the chemo-treatment, his body temperature was always high and his heart beat rather rapidly. He was prescribed a drug to slow down his heart beat. This problem disappeared after taking the herbs. SK continued to lead a normal, pain-free life. However, in spite of the liver herbs, his liver nodules kept on growing in size. In July 2004, he decided to go to China to undergo cryoablation of the tumours in his lung and liver.

On 9 September 2004, I received an e-mail from SK: After the cryoablation (on the liver), I had pains at the liver and abdomen area. I had to stay in bed and even had to urinate in bed. However, after a week, I managed to get out of bed and walked a bit.

After I recovered, on 31 August 2004, the doctors did cryoablation on my lung. By the second day, I could get up and walk. However, I coughed out fresh blood after the treatment. The doctor told me that this was good. It lasted for only a day and after that I was problem-free.

During the hospitalisation period, SK was given anti-tumour immunotherapy. He was also asked to take herbs. A dose of herbal concoction cost RM 30 and this was to be taken twice a day (total cost RM 60). Unfortunately, he was not allowed to take CA Care herbs (this restriction has now been lifted. Patients referred to this hospital by CA Care shall continue to take our herbs, not the hospital herbs).

The total cost of my treatment was RM 40,000 (inclusive of 31 days stay in the hospital for me and my wife). When I returned home, I still had pains in my liver area. I had to curl up or bend my body?I could not put up my body to an erect position. I could not walk much and had to lie down. But after I started to take Capsule A + B, Lung 1 and 2, Liver P and Pain tea, all pains were gone within 3 days. Then, I was able to go to my shop and work.

On 11 October 2004, SK wrote: I am OK over here. After I came back from the treatment, I felt weak and still had pains at the place of treatment. But after taking your herbs and pain tea, the pains were gone and I am very energetic now. I can eat and sleep well, do my normal works and fly my remote controlled helicopter and aeroplanes. I am very happy now but I will not stop taking your herbs. I am also glad to inform you that I have gained 3 lbs since I came back from the treatment.

Comments: As of this writing September 2005, more than two years after being on herbs, SK is still doing well. According to his Chinese oncologist, his lung condition has stabilised.

Why did SK seek our help? In spite of the oncologist telling him that he is progressing good, SK was doubtful. Indeed, if you read and know something about lung cancer, you ought to be doubtful. The good assurance may just turn out to be a hollow assurance later. Of course, we pray that what we predict is wrong so that SK would not suffer a relapse. The problem with cancer is that people out too much of false assurance is being dished out all too often.

The basis for optimism in this case. The radiation treatment and chemotherapy had resulted in the temporary disappearance of the tumour in the lung. That was only a response, which the medical literature clearly says will not last.
Also, medical literature clearly says that shrinkage does not mean cure. Luckily, SK is enlightened enough to understand this.

SK traveled to Kuala Lumpur often for a routine check up, at much expense of money and time. The oncologist strangely did not see anything wrong with him. The way it was, if the doctor did not see or feel anything nothing was supposed to be wrong. I would imagine it would be too late anyway, if something can be seen or felt.

Medical science often turns a blind eye to the total well-being of total individual. It relies and emphasises on what can be seen in the X-ray films. How you feel does not matter at all. If doctors cannot see anything wrong in the films and if you still insist that you are not feeling good, then they would say you need to get your heads examined!

In this case, SKâ€™s liver was not doing well at all. That is evident. So, what can or has to be done? Unfortunately, nothing much. Then, what about his phlegm that he had for the past eleven months? Scientific medicine does not see anything wrong with that too! Phlegm impedes the free flow of qi, and is the root cause of many diseases. Then, what about the rapid heart beat and high body temperature? These too are, do not alarm modern medicine. To holistic healers, we know that something must be wrong and must be corrected. I am glad that in this case, the herbs had solved those problems within days. What a wonderful blessing.

The consequences of the war in SKâ€™s body are very evident by what he suffered in spite of the so-called satisfactory progress. The toxic chemo-drugs and radiation caused havoc in his body. The body temperature increased, the heart muscles and functions probably must have been adversely affected. Then, do you see the yo-yo or patch work technique adopted in scientific medicine? Administer toxic treatment, and the heartbeat became rapid. Never mind, another drug will be given to slow it down. SK did not have any heart problem before his cancer treatment!!

SK was seeking a cure for his lung but he ended with more problems after his treatment. The lung fibrosis that SK suffered was the direct effect of radiation treatment. How serious such side effect is going to affect SK is still unclear because this may last for months or years.

What is most worrying is SKâ€™s liver. After six cycles of chemotherapy with such toxic drugs (gemcitabine, carboplatin and navelbine) we would expect that the liver nodules would have disappeared or shrunk as well. On the contrary, the nodules increased in size and numbers. This clearly shows that chemotherapy had no effect on SKâ€™s liver tumours. Perhaps, this is one point which everyone may wish to take note of. Also, there is no reason why the oncologist could come to the conclusion that SK was progressing well, knowing that metastatic liver cancer is just as dangerous, (I think more dangerous) as lung cancer. Or is this a case of I only see lung cancer, nothing else concerns me?

Lung Cancer Story 6: Lung cancer twenty-six chemo-injections, no effects six cycles of chemotherapy again more nodules in the lungs rest first come back later for more chemotherapy with a new drug turned to herbs better quality of life.

Seng /t157, is a 63-year old male. He was diagnosed with colon cancer in 2001 and had undergone an operation to remove the tumour. Since he had heart problems, no chemotherapy was indicated. The doctor prescribed an oral drug instead. He had been taking this drug for about a year. In October 2003, Sengâ€™s nose bled. An X-ray indicated a lump in his lung. He was asked to undergo surgery. He declined and opted for chemotherapy instead. He was given a total of twenty-six chemo-injections. After the treatment, the size of the lump remained stable there was no increase or decrease in size.

Later, Seng underwent chemotherapy again, and this time it was a six-cycle treatment with more toxic drugs plus an oral medication. He suffered severe side effects: coughs, numbness, vomiting and loss of hairs. A CT scan later showed more nodules in the lung and the largest one had grown in size. The medical report indicated increasing right upper lobe mass with right hilar and paratracheal lymphadenopathy.

The oncologist suggested that Seng took a rest first and in the meantime prescribed him Xeloda (RM 12.90 / tablet, to take 6 tablets/day). Seng was also told to wait for a month or two when a new drug would be made available. He would be put on chemotherapy again, using a new drug. The oncologist scribbled a note on his medical report which reads: To consider palliative therapy. Of course, Seng did not understand what this word means. Palliative therapy simply means that there is no cure. This appears to be a hopeless case and the treatment is only for comfort waiting for the time to pass on.

Seng decided to change course and he came to see us on 31 January 2005 and was started on the herbs. After the herbs, he felt good ?more song (comfortable) according to him. He has been taking the herbs religiously and keeping to the good diet. He felt well. He has been sending his friends to see us too.
Comments: Let me ask these questions:
1. If the oncologists started to give more and more toxic drugs, when is this kind of treatment going to end?
2. At the end of it all, in what sort of condition would the patient be?
3. With cycles after cycles of chemotherapy, the tumour grew in size and number, the treatment is not effective will more chemotherapy make it any more effective?
4. If medical science is unable to help, is it not sensible to take a break and look at other therapies for the moment?

Comments

Often patients are told that their cancer cannot be cured, but they must undergo chemotherapy or radiotherapy for the following good reasons:

1) To control the cancer and not allow the cancer to spread further. Is it statement true? On the other hand, can chemotherapy and radiotherapy not cause metastasis and new cancer elsewhere? In most cases, more often that note, the cancer has already spread. Can treatment effectively stop the metastasis or spread of cancer?
2) To promote quality of life. It seems doctors and patients differ greatly in their perceptions about quality of life.

Read the Lung Cancer Stories again (both in Part 1 and 2) and reflect on them. Ask these questions:

1. Did patients who did not undergo invasive treatments died earlier than those who have undergone invasive treatments? NO. They lived longer. If chemotherapy or radiotherapy can really stop the spread of cancer, why do patients who underwent these treatments die earlier than those who did not? If taking herbs was just hocus pocus why don’t patients on herbs die sooner? Why did they not suffer after being on herbs?
2. Did patients who did not undergo invasive treatments suffer from severe side effects? YES.
3. Did patients who did not undergo invasive treatments have to spend all their life’s saving or sell off their properties to settle the medical bills? NO.
4. Is their quality of life (physically as well as financially) not better than those who went through those invasive treatments? SURELY YES.

Herbs did provide an effective option for these patients. But it is up to the patients themselves to decide what to do with their lives. It has to be the patients’ own choice. Let me summarise the Lung Cancer Stories for your evaluation.

Particulars of patient and treatment

Consequence

Stories in: Focus on Lung Cancer Part 1
Story 2. Peter, 48-yr old, male. 16 cycles of chemo + 6 cycles of chemo again took Iressa.

Died one and half years after diagnosis.
Story 4. Pram, female from Thailand, metastatic lung cancer, 6 cycles of chemo + 25 radiation treatment + 4 more chemo, tumour shrank and regrew in size.

Died about one year after treatment started.

Story 5. Lim, 48-year old female. Surgery, 32 x radiotherapy + 4 cycles chemo. One year later recurrence. 2 cycles of chemo + Iressa, severe side effects.

Diagnosed August 2004 - August 05 but no cure.

Story 6. Sam, 79-year old male. 6 cycles chemo, tumour shrank, barely 6 months later, regrew in size, metastasis to brain, on Iressa, suffered severe side effects

Died about one year after diagnosis.

Stories in: Focus on Lung Cancer Part 2

Story 1. H from USA, female. On medical treatment plus herbs.

Out-lived doctor’s prognosis by two and a half years.


Died 1 year and 9 months after diagnosis.


Died in his sleep, two years after diagnosis.

Story 4. YK, 75-year old female. Medically given up. Took herbs.

Died two years after diagnosis. Led a quality, normal life.
Story 5. SK, 52-year old male. Misdiagnosed with TB, on TB drugs, later diagnosed with cancer, radiotherapy (25x) and chemotherapy, tumour shrank and regrow in size, oral chemo-drug, metastasis to liver. Turned to herbs + cyroablation.

Started herbs June 2003. As of this writing, still doing very well. More than 2 years now.


Been on herbs for 8 months now, health better and condition did not deteriorate at all.

Issues on Quality of life

David Carbone and John Minna were down to earth and showed the humane side of professional medicine when they wrote an editorial in the British Medical Journal 311: 889-890. Chemotherapy for non-small-cell lung cancer.

For some cancers there are also substantial toxicities related to treatment and the benefits of any kind may be small. The toxicities, inconvenience and expenses of chemotherapy are endured by both patients whose tumour do and do not respond. When faced with such imperfect treatment ?clinical trialists ?doctors ?have to decide whether these benefits are â€œimportant and whether they outweigh potential risks and at what cost.

Their statement was well said, but unfortunately, however, the authors had forgotten that it is the patients who should be given the final say in all this ?it should not be their doctors. Is it worth enduring all those toxic side effects for such a small gain? Besides the hell that one has to go through, what about the suffering in monetary terms. Is it worth spending all of oneâ€™s life-savings or selling oneâ€™s house or land in pursuit of living a few months longer? Only patients can answer that. I sense doctors and patients differ enormously in their perception about quality of life and what is best for patients.

Medical definition (?) of Quality of Life

The NSCLC Collaborative Group in France. 1995. Chemotherapy in non-small-cell lung cancer: a meta-analysis using updated data on individual patients from 52 randomised clinical trials. British Medical J.Â 311: 899-909, analysed data involving 9,385 patients and compared patients?survival between those on supportive care alone with those on supportive care plus chemotherapy. They came to a conclusion that chemotherapy improved survival at one year by 10%. The median survival, however, was prolonged by only 1.5 months. That is to say, if you undergo chemotherapy, on the average you might be able to live longer by one and half months. Only one out of ten patients really benefited from chemotherapy in terms of improved survival.

Perhaps, patients need to take note of the above and make their decisions wisely, knowing the odds stacked against them.

It is also well worth remembering what Stephen Spiro and Joanna Porter, 2002. Lung cancer where are we today? American J. Respiratory and Critical Care Medicine. 166:1166-1196, wrote: The monetary cost for this extension of life is high. The other cost of chemotherapy is its toxicity and its potential detriment to quality of life.

This study involved 226 extensive-stage lung cancer patients. They underwent one of these two regimens of chemotherapy: a) EP which consists of two drugs: etoposide and cisplatin (the standard use in the USA). b) PCDE which consists of four drugs: etoposide, cisplatin, cyclophosphamide and epidoxorubicin.

The authors make the following conclusions:

Patients treated with PCDE had a statistically significant higher response rate compared to those treated with 76% versus 62%.

Patients treated with PCDE survived longer compared to those treated with EP - one-year survival rate was: 40% versus 29%, and median survival was: 10.5 months versus 9.3 months.

However, it is important to take note of these facts:

Patients treated with PCDE showed higher hematologic toxicity compared to those treated with EP infection rate was 22% versus 8%.

In addition, patients treated with PCDE had higher toxicity death rate compared to those treated with EP - 9% versus 5.5%.

The authors concluded that PCDE regimen yielded higher response rate and better survival rate in patients with extensive SCLC without affecting the quality of life of the patients during chemotherapy. From the viewpoint of patients and their families, is it really true that the patients' quality of life is not affected by the PCDE chemotherapy?

Study the numbers presented carefully.

With PCDE (four-drug regimen) blood toxicity was higher. It occurred in 22% of the patients as opposed to 8% in EP (two-drug regimen).

More patients died in the PCDE regimen 9% as opposed to 5.5% in the two-drug EP group.

In spite of these, the authors concluded that PCDE or the four-drug regimen is better than the two-drug regimen because PCDE yielded higher response rate.

To patients, a higher response rate has no significant meaning at all. What does it matter if there is a response or not i.e., the tumour has shrunk or not) if at the end of the treatment the patients died anyway. Is it worth having more drugs and more sufferings in exchange for a prolongation of life by five months? I am not sure if it is worth it. But to medical researchers, statistically significant higher response rate is all that matters. Otherwise the research paper is not publishable.

Dr. Bruce Johnson (reference above) was perhaps right, wise and down-to-earth when he commented: The prolongation of median survival of five weeks may not be particularly attractive to this patient population, if they spend part of their time in the hospital with febrile neutropenia requiring intravenous antibiotic administration.

Exactly - what is the idea of being able to live longer but most of the time remain confined to the hospital is that what patients really want?

Layman's definition of Quality of Life

My friend Ah Chai told me what happened to his mother and his mother-in-law lately. These stories perhaps, can drive home the point of what quality of life means viewed from the patients and their families. Ah Chai's mother had cancer of the larynx. She underwent an immediate surgery, followed by radiotherapy. She suffered severe pains after the operation. The radiation treatment made her throat dry and sore. She could hardly eat and was on meager soft diet most of the time. The many sessions of radiotherapy weakened her and she could hardly walk by herself. Chai had to carry her up and down the stairs. Chai told me: I could still remember the agony on my mother's face and the sufferings that she had to go through. It was a nightmarish experience for me. One and half year later, she died without any recovery. The family spent about RM 70,000 for all the medical bills. Is this kind of treatment promoting quality of life?

Not long after the death of his mother, Chai's mother-in-law came down with obstructive colon cancer. The doctors wanted to operate on her immediately. Chai and his wife were hesitant. Chai came to see us for help. She was started on herbs with the option of an immediate surgery, if after one or two weeks the situation does not improved. The family took a calculated risk. Two weeks on the herbs, the health of Ah Chai's mother-in-law was back to normal. She regained her
strength and her bowel movement was good, with well formed stools. She could help in cooking, drying the family’s clothes, etc. In short, she led a normal life.

After two months, Ah Chai brought his mother-in-law to meet us. She is a sweet 82-year-old grandmother and is so full of life. This certainly is quality life. This is what patients and their families look for. Granted, the cancer is not cured yet or cannot be cured, but at least in the absence of hope, there is no unnecessary suffering, besides unnecessary debts to settle afterwards.

Where do we go from here?

Some patients may want to ask. If indeed chemotherapy and/or radiotherapy are that bad, as being portrayed out here, why then do doctors keep asking patients to undergo such treatments? Why does the government ever sanction them? Why does the FDA approve the drugs? These are all good questions. I, too, would like to know the answers.

In my reading of medical literature over the years, different people seem to offer different answers to these questions, such as below:

a) The desire to be seen to do something, even if there is no answer. In this case, invent one. Put up a brave front. American medicine is based on the concept: Don’t just stand there, do something!

b) Medicine has all the answers and only medicine can cure diseases. Anything you want to know regarding your health, consult us first. We know best, others out there are quacks.

c) From the business point of view, if others are quacks, why send them to the quacks? Rather than giving money to the quacks, it is better that they spend on us. Indeed, our therapies promote a good quality of life.

d) If we send patients to the quacks (because we have nothing else to offer), and if their treatments work, then what happens to our profession? That is dangerous. So, invent something new or keep on giving what we have (to provide hope) in order that they stay with us. Come what may ?don’t let patients go out of our orbit.

e) In their book, Hope or Hype: the obsession with medical advances and the high cost of false promises, Drs. Richard Deyo and Donald Patrick, professors at the University of Washington, Seattle, USA wrote:

1. Medicine is a noble learned profession but at the same time it is a business venture. As we all know, business is about making huge profits.

2. Unfortunately today, the balance between business and professional values has tilted dangerously towards the business side.

3. Doctors and hospitals often seem to make choices based on financial returns rather than on good evidence of benefits to patients.

4. When choices involve new treatments, the assumption is almost always that more and newer can only be better. Conveniently, this stance almost always coincides with financial self-interest.

5. It is said that doctors are ever too willing to prescribe the latest drug without even looking into the evidence whatsoever?it makes them happy, it makes the patients happy and it makes the drug rep happy.

f) Even if chemotherapy and/or radiotherapy cannot cure lung cancer, we still give them the treatment to improve their quality of life. This argument is being used over and over again in numerous research papers that I have come across. Honestly, I don’t really understand the logic of this argument. Anyway, let me leave it to the patients themselves to decide if going thorough chemotherapy / radiotherapy is indeed a good experience at all. Let them decide if indeed undergoing chemotherapy/radiotherapy is a way to improve quality of life and a way to prolong life. Only patients know, not the doctors because they have never been through that hell themselves.

My last point is: How does the world ever come to this stage? The irony is that lung cancer is a preventable disease. Newsweek (22 August 2005) featured an article about lung cancer. It was written that in a world free of tobacco, lung cancer would have been an orphan disease, not a pandemic as it is today.

Unfortunately, the good peoples of the world have failed to make serious inroads into the power base of the tobacco industry. The powerful tobacco industry (like the drug industry) has won the day and smoking is here to stay, it seems. Look at what happened in the US. In 2003 alone, the tobacco industry spent US$15.2 billion marketing cigarettes. The same story is being repeated in most countries of the world. The governments and those Who Matter seem powerless to right the wrong that had been perpetuated over the decades, since the days when Sir Walter Raleigh first popularised smoking habit.

Unfortunately, the tobacco industry does not seem to show any sign of relenting, instead it is aggressively and broadening its efforts to promote smoking habit to the youngsters and females in most countries. There is growing evidence that more growing adults are taking to smoking and more women are getting lung cancer than ever before.
The Newsweek article lamented that after three decades of the War on Cancer, it (lung cancer) remains the most devastating of all malignancies. Survival rates have scarcely budged. The surest way to protect yourself is to avoid smoking or to quit.