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Best Case Series Program: Submission of Unconventional Therapies From India

Integrative Cancer Therapies
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To the Editor:

With great interest, I read the article by Olaku et al¹ about the “Best Case Series Program” submission from India. However, I am surprised to note that neither the details of the unconventional therapies nor the person who submitted these cases are mentioned in the article. I feel a little dejected about it as I was directly involved in the submission process of 3 out of the 4 unconventional therapies discussed.

I became associated with alternative cancer therapy research from 1997 after my father-in-law, suffering from non-Hodgkin’s lymphoma, got good response in his cancer treatment by homeopathy. This alternative approach called as “Psorinum Therapy” was advocated by Dr Ashim Chatterjee of Kolkata. Hence, I decided to study this alternative therapy in detail. I followed and collected data of many cancer patients from 1997 to 2000.² Later, I submitted a few cases to the Office of the Cancer Complementary & Alternative Medicine (OCCAM) for the Best Case Series Program (BCSP). However, as I was not aware about this program when I started data collection, I could not comply with stringent requirements of OCCAM. Later, a few more cases for BCSP were submitted with comprehensive data.

From 2000 to 2006, I was in the Department of Gastroenterology, Sanjay Gandhi Postgraduate Institute of Medical Sciences, Lucknow, India. There, I researched an herbal-based ayurvedic therapy popularly called HUMA. This therapy was first advocated by Dr S. M. Atiq and popularized by her daughter, Dr Hina Fatima. For BSCP 20 cases were submitted, out of which 3 were designated as persuasive and 5 as supportive cases.

In 2006, I met Vaidya Balendu Prakash, a renowned ayurvedic physician of India. After knowing about the BSCP he took keen interest in this program. The ayurvedic

approach of Vaidya Balendu is metal-based formulations that worked well in some hematological malignancies.³ Case reports of 13 patients were submitted for the BSCP, out of which 8 were found to be persuasive and 2 supportive cases.

As most of the case reports presented for BSCP was retrospective in nature, data collection was a very challenging job for me. Moreover, all the complementary and alternative medicine practitioners do not have formal knowledge about research and conventional medicine. Though OCCAM-BCSP has provided a good platform for the Indian cancer complementary and alternative medicine practitioners to get their alternative therapy evaluated, I feel that without my assistance it was virtually impossible for them to make a BSCP submission.

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