

# Editorial

---

## Cancer Rehabilitation of India—An Emerging Challenge

Over the last decade malignant diseases are increasing tremendously in India. Cancer related death is becoming one of the leading cause of mortality in our country. As per latest reports nearly 11.5 lakh of new cancer patients has been registered in 2018 and 7.8 lakh people died due to these diseases. Overall risk of developing cancer in the male before 75 years is 9.81 percent and female is 9.42% respectively. Another interesting data shows 25% mortality of male patients is due to lung and chest cavity lesion. On the other hand, 25% death of female patients is due to breast and oral cavity cancers. Different analysis is showing that malignant diseases will be doubled in India due to different reasons. Until today mortality rates are bit higher due to lack of appropriate services, acceptability and affordability of proper expertise care of these patients throughout the country. But Oncology teams of different zones are trying their level best to minimize the mortality rate. Considering the increasing prevalence and reducing mortality, the impact of cancer rehabilitation is becoming a major concern in our country.

Rehabilitation Issues of the cancer patients may be related to complications of surgery, radiation or chemotherapy like disability due to mastication and swallowing difficulty in oropharyngeal cancer, post mastectomy lymphedema in breast cancer, reduced endurance and low aerobic capacity in lobectomy in lung cancer or colostomy related complication in colonic lesions.

Though the oncology team of different cancer centers are trying to manage these problems related to Chemotherapy induced complication like peripheral neuropathy in vinca alkaloids, reduced endurance due to cardiotoxicity in pulmonary fibrosis, radiation induced fibrosis and neurological complication due to the brachial plexopathy proper rehabilitation services are lacking in most of the treatment.

Apart from these, some generalized cancer complications like fatigue can be managed by energy conservation technique and Cancer pain management by pain Physiatriests. Stellate ganglion block in oropharyngeal and lung cancer, intercostals nerve block in chest wall malignancy, celiac plexus block in pancreatic Ca, Ganglion Impar block in rectal and anal malignancy are well established interventional pain treatments. On top of that we should judiciously use other conservative therapy like Transcutaneous Electrical Nerve Stimulation (TENS), Electrical Stimulation (ES), etc.

Most importantly we should liaison with the clinical psychologist and counsellor for different types of Cognitive Behavior Therapy (CBT) and recreational therapy. Last but not the least, we have to consider the issues related to care givers for terminal treatment patients. The keywords should be rehabilitation with empathy and not rehabilitation with sympathy.