



## DEFENSE CLINICIANS AS FAMILY PHYSICIANS IN CANCER CARE And FUNCTIONAL FOOD: Policy-&-Development

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### ABSTRACT

Every nation has defense organizations and every organization has medical corp., comprising of very capable unisex personnel. Nation-state wise significant in number. All are agile, performing, raring & disciplined. Are not utilized specially vis-à-vis cancers. Hegemony & hidden rules the roost. Socio-politically Deleterious. Fiscally a waste. Indian Parliament has taken a lead to de-entangle the vice like grip of the unlikely forces on medical health care domain e.g., The Indian National Medical Commission Act (NMCA) of 2019 Section 31(1) & 32. Colo-rectal cancer is adduced to indicate as to how spare & unutilized manpower stock pool can be used at least for adjunct use of Functional Food in malignancies and during treatment & therapy intermission periods. Furthermore the relevance of Family Physicians and the possibility\route of the defense clinicians setting self as Family Physicians where there be any opportunity and wherever there are non. Using such pool stock shall also result in up-regulation of commerce-&-trade and related up-stream & ancillary services activities. Caption unfolds a win-win situation.

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## INTRODUCTION

**Relevance:** A defense personnel even well post retirement or VRS or due combat disablement stands as a reserve as alike no other men-or-material-or-kind. Health, Fitness & Poise are the 3 dimensions of a defense person-kind of any age at any station. Defense Health & Fitness related research & own technology had drawn much public investment, approbation & approval in the 1970-to-80's thus India was well ahead of China. Since 1990 R & D units-&-programs became pro establishment and units as stations of dullards & pliers with all seats reserved for permanent squatters for never before enjoyments. All that & those institutes are now hulks. Times have changed. R-&-D is now Technology-&-Research (T-&-R); is now extra mural matter whereof it is leap-forging forward. Thus, relevant T-&-R developed outside the establishment should be acquired, adopted & also such (non defense) resource personal should be thanked at the least. Field commanders also need to be given powers so that they may opt to uptake Indian private enterprise's innovations-&-inventions. This will enable retiree staff to either get involved in start-ups and or join existing ones and lead life meaningfully. The hulk institutes should be handed over to enterprising youths & engineering universities. And the youth shall make India overtake China, once again. Rest assured [1]. This multi-lateral group has been studying the caption matters for over one decade and finds that the (vast-&-excellent) Indian Defense Clinicians (DC) & Health Care personnel and wherewithal have been sidelined and whereas can be

utilized to 'Combat Cancer At Home' with never before returns on investments – which is ready poised for involvement. DCs have non-commercial mind-set; better grasp about FFs; laid back approach; make nice FPs; straddle the Geo domain of India & 3<sup>rd</sup> world nations.

**CASE ~ CRC :** Cancers in general & Colo Rectal Cancer (CRC) in particular is one of the most prevalent malignancies worldwide, with rising incidence and significant challenges, including high recurrence rates, local and distant metastasis, and severe lifestyle disruptions [2]. Its rate of prevalence among the defense forces is said to be rapidly rising due abrupt alteration from active physical life-style to sedentary post retirement. Despite the availability of treatment options, including chemotherapy, the need for cold-chain-dependent, non indigenous drugs, and the associated toxic side effects pose substantial barriers to effective care, particularly in rural and remote areas. DCs as FPs are well-equipped with local support teams, medical expertise and drug storage facilities, are uniquely positioned to assist in CRC management. However, due to a widespread misconception that legal frameworks do not permit their involvement, they largely refrain from treating cancer patients. Notably, in India—the world's largest democracy—laws do allow FPs to play a more active role in oncology care, yet this remains largely unknown and underutilized. FPs also possess deep knowledge of Functional Foods (FFs), which are abundant in tropical and equatorial regions and have demonstrated potential in mitigating chemotherapy side effects, enhancing patient recovery, and improving overall well-being.

Integrating FFs into CRC management under the supervision of FPs could offer a holistic, patient-centered approach that benefits all stakeholders—patients, healthcare providers, and the pharmaceutical industry. This paper explores the potential role of FPs in CRC care, the integration of FFs in treatment regimens, and the medico-legal considerations surrounding such paradigm shift. By leveraging the expertise and accessibility of the DCs\FPs, CRC management can be made more comprehensive, ensuring better patient outcomes, economic benefits, and an expanded healthcare market that prioritizes family welfare and prolonged survival [3]. FFs; FPs & CRC have been discussed by us in *RJPT* [3A]; herein we stress that the DC expert stock pool needs to be utilized; policy soliciting re-communication.

### Medico Legal Aspect

**The Indian National Medical Commission Act (NMCA) of 2019** under Section 31(1) explicitly permits FPs to provide cancer care, including chemotherapy. Furthermore, Section 32 of the same Act recognizes *Community Health Providers (CHPs)* as legitimate stakeholders, extending legal support to multidisciplinary teams, including academics, nurses, and other trained professionals [4]. India is the sole nation to have done so, a case of leadership. Lesson for the 3<sup>rd</sup> world nations. The acronym DC includes all.

**Take Home Points:** Defense clinicians are conservative, have a knack for FFs, have excellent pension & lifestyle benefits so as not to be commercial (patient \system exploiting) and can be gainfully used for national & social welfare as FPs; in 'Fight Cancer At Home'. Such large resource personnel pool is currently scantily used due to 'fear of Law', which is unfounded. Def Ministry; AMC & IMC should utilize such potential of India (which is idling). Clinical; Nursing; Paramedical; Teaching & Research defense personnel (superannuated) may be enrolled on a National Electronic Register (NER). Such NER may spew once a month (only) AI powered refresher course; practice & latest style updates and in-society skill relevance retaining tips and info. To enroll, remain and profit from being a part of the various pan-india & mass plans & programs [5;6]. The Defense; Home; Health; Family Welfare ministers; & Secretaries and The DGs et. al., can also remain in touch with the far flung located highly disciplined and anti-greed medical corp (even the solitary person in no-where india). As India is enigmatic example of mass plans & programs; DCs should now get to be a conscious part.

1. Systemic Inflammation and Response Pathology.
2. Chemotherapy-Induced Toxicity
3. Systemic Anemia in CRC Patients
4. Medico-Legal Considerations

**Nine Key Aspects in CRC (All Clinical Stages) During Chemotherapy Cycles**<sup>25-35:</sup> In colorectal cancer (CRC), across all clinical stages, nine notable aspects require special attention during chemotherapy cycles:

1. **Collapsed Gut Lumen** – A common complication impacting digestion.
2. **Lumen Constriction Due to Lymph Node Inflammation** – Worsens bowel obstruction.
3. **Declining Hemoglobin Levels with Hypotension and Fatigue** – Leads to systemic weakness.
4. **Resultant Hemodynamic Alterations** – Affecting circulatory stability.
5. **Gastrointestinal Distress** – Including nausea, mild cramps, and a persistent uneasy stomach.
6. **Opportunistic Viral Infections** – Heightened susceptibility due to immunosuppression.
7. **Nutritional Support for Chemotherapy** – Site-specific dietary interventions to enhance treatment efficacy.
8. **Mood Swings and Depression** – Psychological impact of CRC and treatment.
9. **Addressing the Ill-Feel Factor** – Transitioning from discomfort to well-being.
10. **Functional Foods (FF) in CRC Management:** Functional foods (FF) are not equivalent to medical diets. Instead, they are rooted

in anti-malignancy research and involve a collaborative effort between nurses, patients (both under treatment and in observation phases), and family caregivers. FF interventions are nurse-mediated and remotely supervised by healthcare professionals, ensuring dietary adherence and therapeutic efficacy [7-9].

11. **Key Functional Foods and Their Benefits:** The following along with the run-up citations may be weighed in for optimum management of CRC in the far of the wild by the solitary defense health care professional in national-&-social duty to 'Combat Cancer-at-Home' [10-12].
12. **Curd (Homemade Probiotic Yogurt):** Supports gut microbiota, countering chemotherapy-induced disturbances. Helps restore *Akkermansia muciniphila* levels, often depleted during treatment.
13. **Legumes for Gut Lumen Health:** *Green gram (Vigna radiata)* and *black gram (Vigna mungo)* aid in gut biome restoration.
14. **Minor Millets:** Essential in CRC and solid cancers for overall metabolic support.
15. **Mustard Oil (Brassica juncea):** The preferred cooking medium due to its hydrophobic properties and non-counteractive nature with CRC.
16. **Renal Support with Herbal Extracts:** *Tribulus terrestris*, *Boerhavia diffusa*, and *Macrotyloma uniflorum* for kidney function preservation.
17. **Sweet and Energy-Dense Foods:** Homemade candies (*peethas*), mild sweet fries, soups, noodles, and gram flour-based snacks enhance appetite and caloric intake.
18. **Dairy-Based Functional Foods:** *Cottage cheese, clarified butter (ghee), and milk* support energy metabolism and drug vectoring.
19. **Gut-Soothing Herbs:** *Asafoetida (Ferula asafoetida), sesame seeds*, and warm water aid in digestion and reduce bloating.
20. **Tubers and Rhizomes:** Most are beneficial except vitamin A-rich varieties like carrots.
21. **Ayurvedic Elixirs:** *Dasamularishta or Panchamularishta* for diabetic and non-diabetic CRC patients.
22. **Minor Millets and Country Grains:** Promote anti-acidity, mild ulcer healing, and regulated bowel movements.
23. **Brining and Hydration Strategies:** *Bristling brine* to counter drug-induced dehydration and electrolyte imbalances.
24. **Iron Supplementation:** *Ayurvedic Lohasava* for hematopoiesis and anemia management.
25. **Fruit-Based Therapies:** *Pomegranate* for anti-inflammatory effects and virus resistance. *Unripe sun-dried mango (ambula)* as an effective CRC supplement.
26. **Mental Well-Being Interventions:** *Papaver somniferum* for mood stabilization and REM sleep regulation.
27. **Natural Pain Management:** Dried *poppy carp* and Ayurvedic formulations like *Mritasanjibani*.
28. **Exercise and Sun Exposure:** Induces peripheral circulation, metabolism of therapeutic toxins, and stress relief.
29. **Traditional Healing Foods:** *Chyawanprash, Dasamularishta, and Mritasanjibani* as general regeneratives.
30. **Oral and Dental Hygiene:** *Guava twigs, neem stick brushing*, and natural antiseptics for gum health.
31. **Anti-Parasitic Measures:** *Erythrina variegata* leaves and pineapple juice for post-chemotherapy pinworm infestations.

### Functional Foods and Symptom Management

Symptom	Functional Food Remedy
Urination pain	Tulsi and Bel leaves, antifungal applications
Renal insufficiency	Tribulus terrestris, Boerhavia diffusa, Enhydra fluctuans
Hypotension	Topical application of Vicks Vaporub, Amrutanjan
Joint pain	Warm saline gargles, mustard oil massage
Swollen lymph nodes	Vinca Rosea leaves (3/day during CT cycle)
Mood swings	Papaver somniferum, aromatic flowers, spices
Burning sensation (palms/feet)	Glycerin, camphor, Ricinus communis and sesame oil
Gallbladder stones	Hygrophila auriculata burnt seeds (blackened)
Jaundice	Punica granatum, Macrotyloma uniflorum, Lawsonia inermis
Constipation	Ripe plantain, mango, dates, cannabis leaves
Diarrhea	Roasted rice, gram flour fries
REM sleep aid	Papaver somniferum, Mritasanjibani

**Contraindicated Functional Foods:** Certain foods should be avoided in CRC, as they may counteract chemotherapy effects or exacerbate symptoms:

- Iodized salt and iodine-rich foods
- Steroids and synthetic vitamins (especially Vitamin A)
- Crabs, fish oils, and palm/sunflower oil
- Green plantains and tamarind
- Mouthwashes with benzene, Dettol, or phenol
- Wheatgrass and genetically modified (GM) foods
- Citrates in renal stone patients

**Heritage and Research Perspective:** Ancient healthcare manuscripts, including Indian Ayurvedic, Persian, Mesopotamian, Maori, Incan, Chinese, and Nipponese traditions, reference functional foods as integral to disease management. However, none have explicitly linked DCs in Cancer Combat, making these presents as Ground Breaking “policy prescription”. Research supports functional foods as an avenue for drug discovery, integrating bottom-up methodologies for safer and cost-effective cancer care [13-16]; DCs role needed. Nation gains.

**Heritage Aspect:** In India we note numerous ancient Palm Leaf Manuscript titled ‘Determination Of Diet’ [17]. Fig -1 is a token example (a 1<sup>st</sup> time expouser case). It shows such a rare specimen DCs should read & ‘Break Through’.



**Fig. 1. Image of the original palm leaf manuscript as in Ref No.17. Photo (exposed for author on exclusive request) by Mr. Laxmidhara Sahu c/o Superintendent Odisha State Museum, Bhubaneswar –India (sole proprietor). Remarks : Odia lingua; Odia script; Approx. Folios Not recorded. Its major part is a redaction from the original Sanskrit (self gelling) and the minor part is in sync with regional agro-met and regional health issues dt. to between c.1750-1850 (alike the other manuscripts cited in this transaction). Text & Label’s script is in Odia (regional vernacular). This museum conserves >20,000 palm leaf manuscripts – all inclusive. Digital versions of the cited manuscripts are available on application. Fig-1 merits mining.**

**Library Call No of Fig-1:**

**Pathya Pathy Vinischaya, (c.1700-1850).** Determination Of Diet, Ancient Palm Leaf Manuscript, By Biswanatha Sena, Library Call No. Ay -16;154;295-B, C/o Dr. Bhagya Lipee, Superintendent, Odisha State Museum, Bhubaneswar – India. Ref – 17. While various active pharmaceutical ingredients - APIs (basically FFs) from Indian medicine (Ayurveda-&Unani) have been indicated as source for Drug Discovery including cancer [18], the popular *Glycyrrhiza glabra* an historical food item in greater part of Asia and a prominent API in the Ayurveda has been computationally docked with CRC receptor protein [19]. The Avicenna school of medicine c.11<sup>th</sup> A.D. [20], and the Sanskrit-Persian [21] health care literature on ‘Functional Fruit’ speaks about anti-inflammation therapies; regenerative & anti-cancer concepts [22]. Sri Lanka (c.3<sup>rd</sup> BC) and Singhala\Lanka’s Buddhists (Hinayana-&Mahayana) have their near similar own mints [23-25]. In Mesopotamia [26]; Maori [27]; Inca civilization [28;29]; Sino [30;31]; Nipponese [32] and General Reports [33;34] on health care Science related *ff* as the vital internal\oral healthcare items are noted. However, non relates even remotely to CRC [35].

## DISCUSSION

By the establishment-off the establishment-for the establishment concept has ruined invent-in-3<sup>rd</sup> world nations. Furthermore, pre to roll out of the 6<sup>th</sup> Pay Commission Bounty (india) based mechanism risk taking far apart even permitting others has come to stand still; mediocrity mind-set now rules the roost; merit murder is the game plan with pretenceful stern face as the rule. The dictum is : A gentleman officer and his unit should be mundane, mud, remain fit-&-spank for providing a smart salute, brusque march & noisy halts at a slight of a signal; get not to be scientifically sharp as it entails great risk to the establishment particularly vis-à-vis status-hierarchy (not to the nation). Such concept are ‘heroic idiocy’; deceit & dishonesty. It is also marked by ‘academic dishonesty’. Hence, India Technocracy pedals all this in a manner & urgency that redundancy gets not to be seen; the inner ill will remains dressed up; on-&-often raise the bogey of ‘secrecy’ & ‘security’. Science flows NOT out of the barrel of the gun. India needs science enabled soldiers in every sphere and the DCs are the best bet in health care domains. The USA the Occident Leader has veered away by introducing D.O.D.G. In India such type concept is not favoured by the India apex administration. Thus, the 8<sup>th</sup> Pay Commission Bounties has been speed pushed fast forward even when three is external & economic emergencies (Terror War & Tariff Terror). There is no going away. Too much of government has lead to too less of everything with unshakable roots for ‘by the establishment-of the establishment-for the establishment’ = brakeless decadence. Entitlements eats. ANTIDOTE ? Less pay (to the minions of The Cabinet Secretary of India) leads to enterprise; an attitude to break free with innovations & quality Gandhigiree. Alas ! in India the shoes have mirror finish polish and the wares of WW-II.

Another observation is that Pak Army says “we train alike Americans and jointly with them”. Whereas in India a large amount of time & money is spent in advancing Hindi. For federal nation building such scare monies should be spent for ‘over-the-horizon techniques & technologies in English language’. At India defense schools & colleges the emphasis is on Hindi and not Sc-&-Tech; not Physics of engineering nor projectiles and airborne platforms ? Biophysics of pathologies ? 30yrs late Sir ! Oh my God ! Not learning these in English right from the beginning has lead to huge waste of time perhead – per station. Has resulted in copious production of out-of-date Soldier Clinicians and Soldier Scientist. Note : officers neither personally know nor are officially required to know the ‘enemy’s lingua-phones’. Why & How ? knowing Hindi serves the perks. Perks is Paradise. ‘Pushing’ English out and ‘Killing’ the vernaculars is leading India into an Sc & Tech Black-Hole time period. Morass is in situ. No escape.

Furthermore, such allowance with encouragements (like freedom to co-opt any civil citizen &\or R & D units ) permitting the use & re-use of the DCs as FPs and allowing\encouraging collateral use of FFs shall lead to a healthy post retirement soldier-citizen (entire family) as an unputdownable asset for the entire scientific & technological community as they can smartly participate in the critical levels of Nation Building (with least central revenue involvement) and more specially shall also result in up-regulation of commerce-&-trade and related up-stream & ancillary service activities; apart repurposed use of therapies & Drug Discovery. However, the top technocracy is the signature of the establishment (Beurocrats are largely very supportive). Establishment is Brutus. Brutus must debacalise Brutus (self) = shall be the best foot forward. Focus pathology ? – CRC. In CRC there is an acute bowl disorder while appetite remains large. The 3<sup>rd</sup> World indigenous sciences seems to be in status CRC ?

Intermittent refresher courses, symposiums & congress are wanting for the off service DCs; whereas a realtime AI assisted on-line alerts about community requirements – shall additionally go a long way (including sever weather events or abrupt malady sweeps viz., Medical Meteorology). Maladies are here to stay with fold increase by the year and the day due to deepening and widening of quality diagnostics; population explosion; geriatric age group enlargement

and an indulgence for long life. Urbanisation offers further unending scope for 'superannuated DCs' reutilisation. Once upon a time FFs were the medicaments. Allopathy i.e., conventional medicine also has its roots in FFs (as much it has in Ayurveda). Allopathic therapeutics inflicts a severe hepatic load and also acts fast. During such therapeutics wrong food dilutes therapeutic efficacy while the right-food (FFs) up-regulates, buffers at-the-least, leads to better prognosis (outcome results) as per label. Defense medical personals inspite of age are relatively more fit, more able bodied with agile minds and hence posit as usable auto replenishing stock. Urgent need across the 3<sup>rd</sup> world nations. Manpower exists; markets are crying; policy due.

Any out of the box work attracts a drowning stare as if a suspect subject of the Supreme Commander. A complete mind-set rebooting is urgently warranted. Why ? because, inventions & innovations get trapped by the eyes of the nurses and germinate in the hands of the Ph.D clinicians. In this regard, the surgeon-general of the US & Israel lead the global show. Either follow the dictum of 'no holds bar' to catch even a chance innovation by anybody anywhere (pan globally) and convert it into a revenue cruncher. India is light years behind. Hence, to start forthwith India (and Asian-African-S American) in a low profile manner at individual level should give a free hand to the Defense Health Science Resource Persons to align self with science-&-technology related sterling activities from private sectors & academies and contribute to stem national investments from rot (2-in-1 role). Thence, Cancer shall have difficulty in spreading and even in surviving.

## CONCLUSION

India' vast Defense network has an in-lay of a firm grid of health services that includes out-door & indoor efforts & excellent nursing force. All skilled & excellently capable. Defense health care resource personnel mostly\invariably take a conservative route and hence will find this communication as relevant; easy to appreciate & uptake as alike a swan taking to waters. 3<sup>rd</sup> World nations are wanting in Inventions & Discovery arenas. India must Lead. Re-using DCs in "Combat Cancer At Home" may be a nice small step for greater goods; shall lead to forward looking developments. As commencement Focus pathology ? – CRC.

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