



CARF

News Bulletin

(Official Publication of the Cancer Aid & Research Foundation)

Doc 'opens up' option for foodpipe cancer patients

MUMBAI: Usha Dalvi doesn't make a pretty picture. The twin tragedies of poverty and cancer have left her frame emaciated. But the mother of three who hails from a small village in Sawantwadi now has a reason to smile: she can eat a normal meal the normal way with her hands and mouth after a gap of over 18 years.

Usha, who was diagnosed with cancer of the foodpipe in early 2004, remembers having last normal meal on May 23, 2004. "Thereafter, I have existed on milk whenever I could afford it or a paste of biscuits and water," says the 45-year-old widow, who feeds for her family by bartering her kokam fruits with the local baniya.

The most painful part of her existence in the last two years has been the manner of feeding herself: pouring the liquid down her stomach with the plastic pipe attached to her nose.

Things looked up only when her relatives in Mumbai heard about Dr. Jayant Barve, who heads the medicine department at the civic run Cooper Hospital, from a friend. Her bother-in-law, Ram Dalvi, a former mill-hand living in Dadar, and others hailing from Dandeli Village of Sawantwadi taluka pooled in their resources for Usha's medical help.

Attaching the nasal pipe is a standard-but temporary practice for persons with foodpipe or oesophagus cancer. The tube is changed every 15 days. However, in Usha's case, her poverty and illiteracy prevented her from



Dr. Barve detected and operated upon Usha Dalvi's cancer.

presence had resulted in lot of pain and ulcers in her nose and throat.

The pipe was removed and the area of the foodpipe, which had narrowed, was dilated with ballons and special dilators with the help of an endoscope (an instrument that is introduced through the mouth). Although Usha's narrowed foodpipe may need repeated dilations. "Hence, I have taught her to 'swallow' a plastic dilator (tube), just like the Indian sword trick," says Dr. Barve.

Usha's cancer was detected and operated upon in April 2004 at civic KEM Hospital.

A common but dangerous disease

Oesophagus is better known as the foodpipe, running from the base of the throat to the stomach. The foodpipe cancer is the commonest of all gastro-intestinal cancers, but it has high fatalities. "This is because by the time patients come for help it's too late. This cancer is characterised by difficulty in swallowing and at time by reflux (digested food coming back into the pipe)," says Dr. Jayant Barve. Gastroenterologist Dr. Aabha Nagral from Jaslok Hospital explains, "Patients begin with difficulty swallowing their own saliva." The pipe which is 3 cm in diameter shrinks to barely 3 mm as the disease progresses. This cancer is worrisome also because of its high mortality rates- 70% patients are beyond two years. Usha Dalvi is, obviously, lucky in this aspect. The idea, say both Barve and Nagral, is to not ignore any difficulty in swallowing and heartburns at a later age.

going to the doctor every fortnight for change.

Moreover, her local doctor told her that the tube would remain for the rest of her life and she would never be able to eat normally. The good news that there was no longer any evidence of cancer in her body was thus lost in her miserable existence.

"It's tragic that someone had to live with the same pipe for

over 18 months," says Dr. Barve, who removed the pipe last fortnight after Usha's relatives in Dadar brought her to his Vile Parle hospital.

The pipe had lost all its plasticity and had taken on the shape of her stomach. "But as the procedure was done using endoscopy or non-invasive techniques on March 16, she was not in much discomfort," says Dr. Barve. In fact, the pipe's

Parel. "I was sent to Tata Memorial Hospital on September 2, 2004, when they fitted me the last tube," she recalls, flashing a tiffin box with 'March 26, 2006' engraved on it. "That is the day I started eating again," she says, waiting to return to her children in a couple of days. ★

(The Times of India, April 1, 2006.)



Dr. Rehan First Indian to win Byers Award 2006

Chicago: Dr. Rehan A. Kazi who is doing his PhD in Head & Neck Cancer at The Royal Marsden Hospital, London, U.K. has been awarded the 'Byers Award' for the year 2006 by the Expert Committee of the American Head & Neck Society. He is the first Indian to get this American Award for his contribution in Head & Neck Cancer. He has been invited to give an Oral Presentation of his paper at the Annual Meeting of the American Head & Neck Society to be held in Chicago, USA from 17th August - 22nd August, 2006. The Byers Award for 2006 - Citation and Cash - will be presented to him at the conference.

Dr. Rehan A. Kazi, MS, DNB, DLORCS (ENG.) DONHS (ENG)

Thoughts Of



Farzana Contractor

CEO, Afternoon Despatch & Courier;
Editor, UpperCrust.

TLC through CARF

I spent the better part of last night on the stage of the Birla Matushri Hall, watching little children afflicted by Cancer, the most dreaded illness there is, seated in the auditorium cheering on and clapping with great gusto at the long proceedings that were taking place. It was the 5th Foundation Day Celebration of Cancer Aid and Research Foundation (CARF).

It is so heartening to see that there are philanthropic people like Professor A.A. Kazi, the Founder and moving spirit behind CARF, who work with such dedication and sincerity for a cause they have put their life on line for. Occasionally it takes one such evening to drive home the fact that while there are people like Prof Kazi, there are also enough of us who lead a fairly pointless life, in this aspect. So much could be done for the betterment of the world if only we applied a little of ourselves to some such cause. Truly, there are so many around, poor and down trodden, ill, homeless and hapless. If you had to see the children I saw last night, with surgical masks in place, you would also be moved.

As I sat there and listened, and looked around the auditorium full of these young patients and their families, donors, trustees, patrons and other supporters I realized the issue goes beyond money. Of course primarily it is finances that such NGOs need and go about collecting, but it is also TLC (tender loving care) that is needed to be given. CARF seems to be doing that. It came as a surprise to hear that this NGO established only just 5 years ago had garnered sufficient support to be able to give away financial aid to a tune of 85 lakhs this last financial year.

Hearing the zeal with which the Chairman - Prof Kazi spoke, I am very certain that he will soon see the Hostel for outstation patients built in double quick time. He talked of how hopeful cancer patients coming from out of town to the TATA Hospital end up sleeping on the street outside the hospital due to the prolong treatment, lack of money and want of inexpensive accommodation. The Guest of Honour for the evening, Mr Rajesh Tope (Minister of State for Urban Development), who seemed most genuine in his concern for this and other issues could probably be instrumental in realizing this dream and earning brownie points from the hearts of the little souls around. How powerful would blessings coming from such children be.

The hostel plan is for the current year. Starting next year Dr Kazi would like to see a Hospice take shape. A place where the terminally ill, those who know they are going to die sooner than later, can go to, and die in dignity among people who care. I heard with disbelieving ears that there are many who are left abandoned even by their own families and have nowhere to go.

Can there be end to all this sadness and unfairness? Possibly not, for such is life, but we can all try to make this a better place. All it takes is one step forward to write a cheque, wipe a tear, to just listen to someone, to be aware, concerned, or say a silent prayer for those who are suffering, something, anything, it helps.

Goa breast cancer rate alarming

Panji: The highest incidence of breast cancer among women in the country is in Goa. A preliminary study has revealed 200 to 250 new patients from the state are added annually, says noted oncologist Shekhar Salkar.

Salkar, a former state secretary of the Indian Medical Association and general secretary of the National Organisation For Tobacco Eradication (NOTE) would be forwarding the findings of the study conducted over a period of two years to Tata Memorial Hospital and Research Centre in Mumbai. He said he has spoken to Rajan Badwe, chief of surgery and head of breast unit of Tata hospital "as the data is disturbing, requiring further research."

The study attributes changes in the lifestyle among women in Goa largely responsible for the high figures. High literacy rate, increasing level of economic independence and giving birth to children at a later age has made Goans prone to cancer, says Salkar. The incidence of cancer among women in Goa was less when they had more children and breast-fed their babies.

But now, late marriages being the norm, the risk of breast cancer has increased by nearly 30%, Salkar said. The study revealed around 40% of women in the age group of 40 were unmarried in the coastal state.

Cough could indicate lung cancer

Werne (Germany): The symptoms of lung cancer frequently go unrecognised in the early stages of the disease, experts say. Lung cancer typically makes itself known through coughing, breathlessness and weight loss, said Professor Dieter Koehler, president of the German Society for Pneumology and Respiratory Medicine in Werne, North Rhine Westphalia.

Further symptoms are pains in the chest and swollen fingertips, the so-called clubbed finger. An X-ray, an endoscopic examination of the lungs or an analysis of the mucus the patient coughs up are ways of determining whether the patient has lung cancer, said Michael Barczok of the German Federal Association of Pneumologists in Heideheim.

People at greatest risk of lung cancer are current and former smokers, as well as people whose relatives have already developed lung cancer or chronic obstructive lung diseases, experts say. The risk of getting a bronchial cancer is two to three times greater among people who have biological relative who had lung cancer, Koehler said.

The disease usually begins at a younger age among people with a genetic disposition, according to Koehler. "They become ill at age 50 as opposed to age 70," he said.

The earlier the disease is detected, the better the survival rate. Only 15% of the people age 70 or older who are diagnosed with the disease are still alive five years later. Lung cancer is the cause of death for more than 40,000 people annually in Germany, making it one of the most common malignancies.

(Times of India, 31st January, 2006)

Ginger's a Snap

If you want to practice cancer fighting cooking, add ginger. This tasty spice adds flavour to meats and vegetables without increasing the fat, cholesterol or sodium in your food. Ginger also contains ingredients that reduce nausea, improve digestion and enhance your immune system.

(www.cancercenter.com)

Ponder...

Do you feel disappointed and in despair because someone you counted on let you down? People can fail even your best friends or those you love the most can fail. But God will never fail you if you put your trust in Him.

An emotional and inspiring story of a cancer patient

Chuck crowford - advanced non-small cell lung cancer

Chuck Crawford was an extraordinary person. Although he died of his cancer in May 1997, he not only far outlived his prognosis, but he inspired many people with his ability to live fully even with such a serious disease, his sense of humour, and his willingness to help others despite his own situation.

What follows is Chuck's story in his words from May 1995 with an update in 1996.

DIAGNOSIS

I first suspected that something was wrong over a year ago. I felt a swelling above the sternum. After an appointment with my local doctor I was referred to several doctors and ended up at a surgeon's office in St. Thomas Hospital in Nashville. While I was waiting in his reception room a young nurse's aid came out and told me that I would not be seeing the surgeon today but he has made an appointment for me to see Dr. Murphy at 3.00 O'clock. "Who's Dr. Murphy?" I asked and she told me he was an oncologist. He treats cancer. "Cancer...Cancer!" I shouted and jumped to my feet and started pacing around the reception room full of people. "Cancer!" I shouted. "You're telling me I've got Cancer....Sara, What am I going to do?" The people in the reception room must have had strange reactions to this man running up and down the aisle shouting, "Cancer...Cancer!" I'm sure this is not what the doctor intended for his patients waiting to see him.

The next two hours were the longest two hours ever spent. I was terrified of the thought that I had cancer. Dr. Murphy an oncologist was a kind and patient man. He carefully explained to me what he had seen in the CT scan and in his opinion the tumor was malignant. He said it had invaded the surrounding tissues and it would not do that if it was benign. He said he would need a biopsy to be sure. He suggested that we would probably start radiation treatments after the biopsy and the final diagnosis was made.

THREE BAD DAYS

My memory is missing for the next three days. Somewhere in there I had the biopsy done and I guess we visited the doctors office. I was scared stiff. I paced around the house all night and after a day or so became catatonic. Now I know what they mean by "Scared stiff." All I could do was sit in a recliner. I could hardly swallow and Sara worked to get nourishment in me. Sara studied books on nutrition and came up with a nutrition game plan. She fed me milk shakes with raw eggs and protein powder and who knows what else in them. The doctors told her that they had to snap me out of it or the catatonic state would lead to pneumonia and I could die from it. During the days I would escape from the house and wander around town or try to go to work. Friends and fellow workers would bring me home and Sara would acknowledge that I had escaped again. At night I would pace the floor. I remember wishing the sun would rise. I dreaded the night time. But, it only lasted for three days. The diagnosis was confirmed as stage IIIB-squamous cell carcinoma of the lung and we were ready to start treatments. I began to see some daylight and the stiffness disappeared. The tumour was about two inches in diameter in the mediastinum and was protruding from above the sternum. It had invaded the lymphatic system and the sternum. It was inoperable.

TREATMENTS

I had radiation treatments five days a week for 6 weeks. I didn't have many side effects from radiation but this was mostly due to the job my wife, Sara, did in maintaining my nutrition. Most people lose 30 to 50 pounds during a radiation series. I gained nearly 20 pounds. The doctors and nurses would laugh as they weighed me. My spirits were picking up rapidly. I got to know the people at the cancer center and looked forward to going in for my treatments every day. I worked full time while taking treatments. I also attended aerobics classes three times a week and taught classes at the local community college.

PROGNOSIS

When the radiation series was completed they sent me back to Dr. Murphy for consultation. I had never really asked or understood my prognosis. I asked Dr. Murphy what my chances were. He said, "Without further treatment you have no chance of survival and six to twelve months to live." "What about with additional treatment?" I asked feeling that additional treatment would make a great difference. He went on, "With additional treatment you can expect to live twelve to eighteen months... I think you have about a year to live" he said. I paused for a moment. I didn't expect to hear that the time was so short. Then, I thought about Sara sitting there listening to this. "Are you OK, Sara," I asked. She responded that she was. I turned to Dr. Murphy. "I'm not afraid of dying," I said. He put his hand on my arm. "That's good," he said. As I sat there a feeling of peace came over me. It seemed strange even to me. The doctor had just told me that I had only a few months to live and I was at peace. Why didn't I panic?

BUYING SOME TIME...

Dr. Murphy told me that the chemo would be "hard". I asked what he meant by hard and he indicated that the side effects could be difficult to cope with. It wasn't too bad. I would take chemo on Fridays and would be sick on Saturdays, better on Sunday so that I could go to church and back to work on Mondays. I was a little puny on Mondays but I was back on the job and I really didn't miss much work. I had to spend the entire day at the doctor's office because I was taking cisplatin and it could damage the kidneys and liver. They spent the entire day flushing me out with IVs. I would push the IV stand around the doctors office and get involved in things. On one occasion, they were having a staff meeting and I wandered into the room. The explained that they were having a staff meeting. I asked if I could join them. They looked a little surprised and then said OK, I guess so. I learned a lot about how the office operated. Of course, they thought I was crazy but they put up with me. Chemo lasted about 5 months and then I was on my own. Dr. Murphy told me to come back in three months and sent me on my way. That was about a year ago and I have had good news on each visit to Dr. Murphy's office. On one of the visits, I made up my mind that I was going to read my entire file no matter what. I waited until the nurses were not watching and took the file from the rack in the hall outside my room. I was reading it when the nurse came in and told me she had been looking for the file. "Oh, I'm checking the rads," I said. She looked puzzled and left the room without the file. I finished reading it and then put it back in the rack. I have been at peace since my diagnoses and my prognosis and I understand a lot of things that I would not understand if I had not read the file. Some parts of it were somewhat scary, but I wanted to know the whole story.

LIFE GOES ON

People think I have a weird sense of humour but I started finding humour in the things I was experiencing. I even found ways to make people laugh about my prognosis. I started giving humorous and spiritual talks to local church and civic groups. People didn't know what to make of me at first. Here was this guy with a terminal illness telling jokes. Well, the doctor still says I have a poor prognosis but I am at peace, working every day, going to aerobics, feeling good, in good spirits and enjoying life.

([Www.cancerguide.org/ccrawford_story.html](http://www.cancerguide.org/ccrawford_story.html))

Nutrition for children

Children's Nutrient Needs

Nutrients that are essential to children with cancer include protein, carbohydrates, fat, water, vitamins, and minerals. The diet is an important part of cancer treatment. Eating the right kinds of foods before, during, and after treatment can help the patient feel better and stay stronger.

Protein

The body uses protein to promote growth, repair tissue, and maintain the lining of the gastrointestinal tract, skin, blood cells, and immune system. Children with cancer who do not get enough protein may be slow to recover from illness and especially vulnerable to infection. After a child undergoes surgery, chemotherapy, or radiation treatments, he or she will need extra protein to heal tissues and to help prevent infection.

Protein is essential for a child's proper growth and development. During illness, a child's protein needs typically increase. In fact, a child undergoing cancer therapy may require as much as 50% more protein than a child of the same age who is not receiving cancer treatment.

Carbohydrates and Fats

Carbohydrates and fats provide the body with the calories it needs to fuel activities. A child undergoing treatment for cancer may need 20% more calories for tissue healing and energy than his or her counterpart who is not receiving cancer treatment.

Vitamins and Minerals

Vitamins and minerals ensure proper growth and development and enable the body to use the calories it gets from food. It may be hard for a child undergoing cancer treatment to eat a balanced diet. Common treatment side effects, like nausea and vomiting, can interfere with eating well. Sometimes your doctor will recommend taking a daily multivitamin while your child undergoes treatment.

Water

Water and fluids are vital to a child's health. If your child does not take in enough fluids or loses fluids from vomiting or diarrhoea, he or she may become dehydrated. Ask your doctor, how much fluid your child needs each day to keep from becoming dehydrated.

Ways to Provide Nutrition

Adequate nutrition may provide the following benefits to children with cancer:

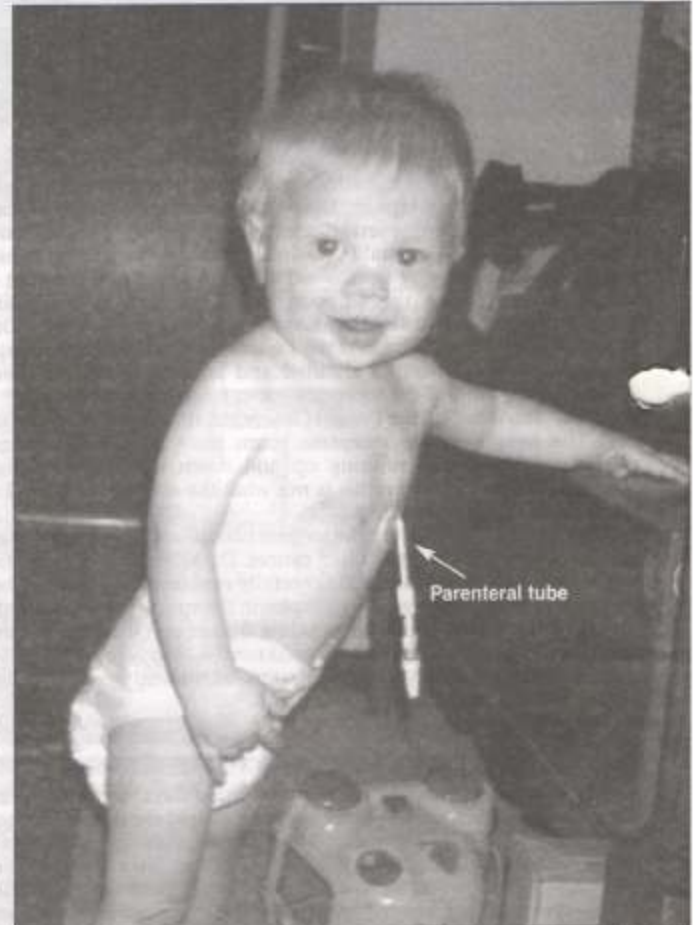
- Increase tolerance to therapy
- Decrease side effects of treatment
- Promote healing of tissues
- Prevent or reverse nutrient deficiencies
- Promote normal growth and development
- Maximize quality of life

By Mouth

If at all possible, your child's nutrient needs should be met by eating and drinking nutrient-rich foods and beverages. Your child may be able to get enough nutrients by eating high-calorie, high-protein meals supplemented with snacks, commercial liquid nutrition products, and homemade drinks and shakes. However, if eating and drinking enough foods and fluids to maintain and gain weight is too difficult for your child, or if his or her calorie and nutrient needs have greatly increased, your child may need to use a feeding tube.

By Tube Feeding

Tube feeding involves threading a thin, flexible tube through the nose and into the stomach. Once the tube is in place, liquid nutrition formulas can be pumped through it. If necessary, such formulas can provide 100% of your child's needs for calories, protein, vitamins, and minerals. Children who have feeding tubes can usually continue to eat, because the tubes are



so small they do not interfere with swallowing. If your child has a feeding tube, every effort should be made to allow him or her to eat by mouth. For example, the youngster may be tube fed at night while sleeping to allow him or her to eat during the day. Keep your child's mouth clean through regular rinsing and brushing. Once tube feedings begin, children usually feel better because their nutrition needs are being met. Most young children get used to tube feedings within a few days. But older children and teenagers may need longer.

By Total Parenteral Nutrition

Tube feedings may not be able to provide needed fluids and nutrients for children with serious digestive problems. In these cases, nutrient solutions can be given directly through a vein, a type of therapy called intravenous hyperalimentation or total parenteral nutrition (TPN).

TPN is most often used in children:

- Who have had surgery in the digestive system
- Who have complete blockage of the intestines
- Who suffer severe vomiting or diarrhoea
- Who experience complications from cancer or treatment that prevent eating or use of a feeding tube

TPN solutions can usually meet 100% of a child's nutritional needs. Like tube feedings, TPN can be given at home.

Prepare Food Safely

Some kinds of chemotherapy can cause your child to have low white blood cell counts. This means he or she may be at high risk for infection.

with cancer

You'll need to handle foods carefully, and wash your hands properly to prevent contact with harmful bacteria. The doctor may suggest that your child avoid fresh uncooked foods, such as fresh fruits, raw eggs, and raw vegetables.

When Your Child Is Taking Corticosteroids

Children with cancer often take steroid medications, such as prednisone or dexamethasone, as part of their treatment. Children on steroid therapy usually develop ravenous appetites, leading to weight gain. They also tend to retain fluid.

You can make some diet changes to prevent fluid retention and limit the weight. Your doctor, or dietitian may suggest foods low in salt and sodium to ease fluid retention. High-sodium foods, such as potato chips, processed foods, canned sodas, or frozen meals should be avoided. Offer your child fresh, nutritious, filling foods, such as fruits and vegetables, homemade soups, non-processed meats, dairy products, and pastas.

The appetite changes and fluid retention caused by steroids are temporary and will go away when the therapy is completed.

Suggestions for Increasing Calories and Protein

Serve your child small meals and snacks rather than large ones. Serve food when your child feels hungry and be sure to include high-calorie, high-protein foods. Encourage your child to be physically active, as activity may increase appetite.

Eating Tips for Children

The following tips may help your child eat better.

- Encourage your child to eat high-calorie, high-protein foods. High-fat items such as hamburgers, fries, pizzas, and ice cream provide calories, protein, and other essential nutrients.
- Serve frequent snacks, such as peanut butter and crackers, cheese sticks, puddings, fruit roll-ups, and cereal and milk.
- Use colorful cups, mugs, and straws to encourage your child to drink fluids throughout the day.
- Use cookie cutters to cut shapes from sandwiches, gelatin desserts, meats, and cheeses.
- Make "faces" out of fruits and vegetables.
- Serve food in unusual containers or on cartoon character plates.
- Have picnics. (You can even use the backyard, the living room, or the picnic table.)
- Let your child help prepare the food.
- Invite your child's friends to share meals or eat out.
- Plan ahead for meals missed because of doctors' appointments, treatment appointments, and the like. Take along juice packs, plastic bags with snacks, and non-perishable foods, such as fruit cups, puddings, and cheese and crackers.
- Arrange to allow your child to eat snacks in school.

How to Add Protein to Meals and Snacks

Milk products: Eat cheese on toast or with crackers. Add grated cheddar cheese to baked potatoes, vegetables, soups, noodles, meat, and fruit. Use milk instead of water when cooking hot cereal and cream soups. Include cream sauces on vegetables and pasta. Add powdered milk to cream soups and mashed potatoes.

Eggs: Keep hard-cooked eggs in the refrigerator. Chop and add hard-cooked eggs to salads, casseroles, soups, and vegetables. Make a quick egg salad.

Meats, poultry, and fish: Add leftover cooked meats to soups, salads, and omelets. Mix diced and flaked meat with sour cream and spices to make dip.

Beans, legumes, nuts, and seeds: Sprinkle seeds on desserts such as fruit, ice cream, pudding, and custard. Also serve on vegetables, salads, and pasta. Spread peanut butter on toast and fruit or blend in a milkshake.

Possible Side Effects

Changes in Taste and Smell

Chemotherapy, radiation therapy, or surgery to the head and neck area can cause temporary changes in your child's ability to taste and smell. Your child may be able to best tolerate foods served cool or at room temperature, because the foods have less taste and smell than hot or icy items. Try using plastic utensils if your child has a metallic taste while eating. Also, try experimenting with foods or drinks that are different from ones your child usually eats. Children seem to like salty foods, such as chips, pretzels, and crackers. In addition, keep your child's mouth clean by regular rinsing and brushing.

Poor Appetite

Cancer and its treatments often cause loss of appetite and changes in a child's eating habits. If this happens to your child, try giving him or her small, frequent meals and snacks. Keep nutritious snacks handy to eat when your child does feel hungry.

Constipation

Medications, changes in eating habits and decreased physical activity can cause constipation and infrequent bowel movements. If your child is constipated as a result of chemotherapy drugs that slow the movements of the gut, you may be advised to put your child on a low-residue diet instead of a high-fiber diet.

Diarrhoea

Radiation therapy to the pelvic area, bowel surgery, or certain types of chemotherapy can cause diarrhoea. If your child has diarrhea, try avoiding:

- High-fiber foods, high-fat foods, gassy food & carbonated beverages such as nuts, seeds, whole grains, legumes, dried fruits, and raw fruits and vegetables
- Be sure to have your child sip on fluids throughout the day to prevent dehydration.

Sore or Irritated Throat and Sores in Mouth

Some kinds of chemotherapy or radiation to the head and neck area can cause a sensitive mouth, mouth sores, or a sore throat. If your child experiences these side effects, soft, bland foods and lukewarm or cool foods can be soothing. If your child is in significant pain, your doctor may recommend pain medication about 30 minutes before meals. Foods and beverages, such as tart, salty or acidic fruits and juices, alcohol, and spicy foods may also be irritating and should be avoided. Regular rinsing with baking soda and water or salt water, and good oral care can help prevent infection and can improve healing of your child's sore mouth and throat.

Difficulty Swallowing

Cancer occurring in the head, neck, and esophagus, or surgery or radiation therapy in these areas, can sometimes cause difficulty with swallowing. If your child has this problem, give him or her soft, liquid, easy-to-swallow foods. Serving high-calorie, high-protein drinks can help boost your child's nutrient intake during times when he or she is unable to eat enough regular foods.

Nausea and Vomiting

Some kinds of chemotherapy and radiation therapy to the abdominal area can cause nausea and vomiting. If your child experiences these side effects, be sure to encourage him or her to drink plenty of fluids to prevent dehydration.

Dry Mouth or Thick Saliva

Surgery or radiation therapy to the head and neck area and some kinds of chemotherapy can cause your child's mouth to be dry. Some children may also have thicker saliva. Encouraging your child to drink ample fluids throughout the day and eat moist foods can help. Dry mouth (Xerostomia) can lead to the development of cavities and gum disease. Your child should visit the dentist regularly.

CARF brings the city's celebs together for a good cause

A social gathering of eminent personalities, businessmen, well-wishers and donors of CARF was held at Hotel Sahil on March 18, 2006. Farouk Sodagar Darvesh Group of Companies sponsored this social gathering. The idea was to associate these people with CARF to widen the scope of its activities. On the occasion, a presentation of the core activities and up-coming projects was given to everybody present. CARF has provided a total help of Rs. 75 lakh to poor cancer patients between April 2005 and February 2006. The personalities present were impressed by the organization's work and have expressed their desire to join hands with the Foundation for this noble cause.



Donors and Patients get-together at CARF

CARF organized a 'Get-together' of donors and patients on 4th May, 2006. The star performer of the evening was 'Master Ashley' a 7 year old budding magician. He was a great source of inspiration for the young cancer patients gathered on the occasion. Ashley himself is battling against a life threatening disease. The donors were very happy meeting the little cancer patients. They enquired about their well-being and generously distributed gifts.



Sanjit Bose a donor from Mumbai, personally handing a cheque of Rs. 25,000 to Master Pratik Balwe at the Foundation.



Cancer patients along with the donors & staff of CARF.



CARF Chairman, Prof. A. A. Kazi congratulating Master Ashley for his brilliant performance.

Hostel Project Kausa - Thane

Mr. Vilasrao Deshmukh, Hon'ble Chief Minister of Maharashtra helped CARF in getting NOC for the land of ULC at Kausa - Thane. The delegation consisting of Prof. A.A. Kazi, Prin M.S. Lokhandwala and Dr. Raj Tendulkar visited the Hon'ble Chief Minister to express their gratitude. An Hostel will be built here, which is expected to be ready by the end of next year. It will house the poor and needy outstation cancer patients.



CARF visited by...



On 8th May, 2006, Mr. Tariq Anwar, M.P & General Secretary of Nationalist Congress Party, Delhi, visited the Foundation. He handed over cheques cancer patients. A total amount of Rs.10,65,000/- was disbursed.



Mrs. Fatima Allana, Director of 'Allana Foundation' presenting a cheque of Rs.50,000/- & gifts to the father of a cancer patient on behalf of the Foundation.



Ms. Vaishali Samant well-known singer being welcomed to the Foundation by CARF Chairman, Prof. A. A. Kazi.



Dr. Rizwan Kazi, Physician & Gastroenterologist and Trustee of CARF delighted a little cancer patient with a gift at the Foundation.

Letters of appreciation

This is to place on record our sincere appreciation and thanks for timely extending your helping hand by way of donations to our number of patients who are suffering from cancer, for their medical treatment in our hospital. We have no words to thank you for your generous donations.

All the patients who have received help from your esteemed Foundation join us in appreciation and thanks.

(Prof. Dr. Y. S. Toro - Chief Administrative Officer-Sangli)

I am very much impressed with all the activities of your Foundation. Your timely financial help given to the poor cancer patients who undergo a lot of hardships, is very much appreciated.

(Manav Jyot - Trustee - Mumbai)

Thank you for screening good documentary film based on Radiotherapy & chemotherapy in our school. Due to this film misunderstanding about the cure of cancer was minimized. Cancer Aid & Research Foundation is the tower of light for the poor & needy cancer patients. We offer our best wishes for this project.

(Head Master Begum Aziz Dawood Naik - Girls High School Ratnagiri)

My son Sahil, is responding well to the treatment being given at Tata Memorial Hospital and all this has been possible because of the financial help and medicines provided by your Foundation for which we are very thankful.

(Anil Kumar Singh - Aurangabad)

How to control stress

In this fast paced life, every one of us is bombarded with work pressure to excel, to adapt, to compete, to keep up. Granted it is impossible to control every facet of your life, here are some inexpensive ways of de-stressing oneself:

When we are stressed adrenalin rushes through our system. Therefore intake of Water is very essential to neutralize these toxins that are generated due to stress.

Early morning exercise or brisk walking is a must to shed out perspiration. Also, practice deep breathing for at least 10 to 15 minutes everyday, it slows down heart rate and lowers blood pressure.

Sleep well - It is important to have an early dinner and re-examine our sleeping habits. Remember when we are relaxed, our blood pressure decreases, our food is absorbed more efficiently, our respiratory rate slows, our heartbeat regulates and our cortisol levels drop.

Prayers - We need to pray everyday praising and thanking God for the gift of another day and when the day is over, thank him at night for all the guidance and the strength he has given you to accomplish your work whether it be in school, office or at home or even enjoying a holiday.

Laugh and laugh a lot more often. A good hearty laugh can blow away all your blues. It is a great stress-buster.

Go out on a holiday over the weekend or fortnightly.

Hugging is healthy. It helps the body's immune system, it keeps you healthier, it cures depression, it reduces stress, it induces sleep, and it is invigorating.

Always look for a positive way of making things feel **Lighter, Brighter and Healthier** cause if your mind is in control your body is in control too.

As the Dalai Lama says "If it is nothing, there is no reason to worry. If it is something, then worrying will not help". Stop worrying and start thinking positive.

St. Christopher Hospice London



The legend has it that one day, St. Christopher found a small child on the bank of the river. The child urged him to take him to the other side of the river. When he did so he found the child to be none other than Jesus Christ himself. The emblem of this Hospice is therefore, a child sitting on the shoulders of St. Christopher. The Hospice is the product of the dream of the founder of this Hospice.

The Hospice is open to foreign visitors on the 1st Friday of the month. We were, therefore seven visitors hailing from different countries on that day. There were lectures by Dr. Mary Baines, Mr. Nigel Hartley and Ms Denise Brady for us and also visits to the various wards of the Hospice. The entire programme of our visit was organised by the Education Centre. Last year the Hospice was visited by many persons from all over the world. We were very much impressed by the concern and sympathy being shown by the staff to the cancer patients in this country.

Although the Hospice has an in patient capacity for 50 terminally ill cancer patients, its staff attends to thousands of patients all over the country. Besides housing, it provides a lot of entertainment to the cancer patients such as music, painting, creative arts, etc. There is also a well equipped Library and a canteen for the staff and the visitors.

Prof. A. A. Kazi



Dr. Mrs. Irfana R. Kazi
MRCOG (UK)

The Royal College of Obstetrician & Gynaecology, U. K. held a convocation to award the degree of MRCOG(UK) to the successful students on 19th May 2006 Dr. Mrs. Irfana R. Kazi was also awarded this highest degree in Gynaecology. CARF congratulates her for this excellent achievement.

CANCER AID & RESEARCH FOUNDATION

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- E-mail: cancerarfoundation@yahoo.com
- Website: www.cancerarfoundation.org

- ✓ Monetary help to needy cancer patients
- ✓ Free medicines for chemotherapy treatment
- ✓ Rent-free accommodation in Mumbai to poor outstation cancer patients
- ✓ Return railway fare to poor outstation cancer patients
- ✓ Spreading awareness of the dangers inherent in prevailing social practices by screening cancer films in schools / colleges / institutions.
- ✓ Printing literature on cancer & publishing CARF news bulletin
- ✓ Free Ambulance service provided to patients all over Mumbai / Thane dist.
- ✓ Free counselling to cancer patients & their family members
- ✓ Initiating steps for early detection of cancer by conducting free cancer detection camps



We have been permitted by the Home Ministry, Govt. Of India vide Foreign Contribution Reg. No. 083780936 to receive overseas donations. The same can be credited to 'Cancer Aid & Research Foundation' S.B. A/c. No. 026104000088372. IDBI Bank, Prabhadevi Branch, Mumbai - 400 025, INDIA.

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All views expressed in the CARF News Bulletin belong to the author. The Foundation need not necessarily subscribe to them.
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Printed by Ms. Genevieve D'Costa at- Print World -cell: 0091-9890241699 and published by her for
CANCER AID & RESEARCH FOUNDATION, Mumbai-400 011.