

Traditional Medicine 2019: Use of biological, plant substances in chronic diseases as well as in the treatment of cancer as a supplement to classical therapies including hyperthermia: From the kitchen to the clinic- Sahinbas Huseyin- St. Josef-Hospital, Germany

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The treatment of chronic diseases, including cancer, is very complex and requires a coordinated interaction of all disciplines. In my experience, there are no real alternative therapies. The success comes from the right combination of treatment options from many areas. In case of failure of the guidelines treatment or in case of recurrence there are limited treatment possibilities.

The anticancer properties of plants have been seen for a serious long time. Detachment of podophyllotoxin and a couple of various blends (known as lignans) from the typical mayapple (*Podophyllum peltatum*) finally incited the headway of drugs used to treat testicular and little cell lung malady. The National Cancer Institute (NCI) has screened around 35,000 plant species for potential anticancer activities. Among them, around 3,000 plant species have displayed reproducible anticancer action. What to do now? That is the question!

Few new treatments are available:

1. Hyperthermia is an innovative method in treatment of cancer and chronic diseases, well studied and auspicious, showing considerable enhancement of therapeutic success. The result of experimental and clinical studies point out that hyperthermia is an ideal integrative/complementary therapy and a potent sensitizer for phyto-, radio- or chemotherapy. Hyperthermia is an very potent issue in detoxification, chronically diseases e.g. skin diseases, Burn-out Syndromes, Immune deficiency, lime disease and many more indications in combination.

2. Phytopharmacoons (plant origin, herbal medicine, some examples)

- Curcumin, a natural compound commonly found in the food spice turmeric, has been shown to have excellent anticancer activity via various molecular and cellular pathways, and has attracted much attention for its potential use as a non-toxic anticancer agent. Curcumin has a very sprite indication in many chronicle, cancer and auto immune diseases. C. treatment inhibited NF-kappaB (potent antiinflammatory agent).

- Vitamin C thousands of publication in medical papers with success in inflammatory, infections, auto immune, chronicle diseases and cancer

- Vitamin E represents a family of compounds comprising both tocopherols and tocotrienols and is a fat-soluble antioxidant that exists in many foods including wheat germ oil, sunflower oil, and safflower oils. Alphatocopherol is the most bioactive form

of vitamin E that stops the production of reactive oxygen species when fat undergoes oxidation. There are reports that both tocopherols and tocotrienols have anti-tumor effects due to their antioxidant properties, and tocotrienols show stronger bioactivity and both show antiproliferative, proapoptotic and COX-2 inhibiting effects in in vitro studies

- After exposed to ultraviolet B light, vertebrate can generate Vitamin D in their skins. Light exposed mushroom could also be an excellent source of Vitamin D. Vitamin D has been involved in breast cancer, colon cancer, ovarian cancer, and pancreatic cancer.

- Lycopene is a bright red pigment and phytochemical from tomatoes, red carrots, watermelons, and red papayas. It demonstrates antioxidant activity and chemopreventive effects in many studies, especially for prostate cancer. Poorly soluble in water, lycopene has high solubility in organic solvents. Its anti-cancer property is attributed to activating cancer preventive enzymes such as phase II detoxification enzymes

- Apigenin is a flavone present in vegetables such as parsley, celery, chamomile, and Egyptian plant *Moringa peregrina*. It demonstrates cytotoxic activities against breast cancer cell lines (MCF 7), colon cell line (HCT 116), and its cytotoxic activity is comparable to that of doxorubicin

- Hypericine has been shown to be able to induce apoptosis and radiosensitize tumor cells, and to have antiinflammatory and phototoxic skin effects. Hypericin treatment inhibited NF-kappaB (potent antiinflammatory agent).

- Curcumin (diferuloylmethane) is the significant segments of mainstream Indian zest turmeric, *Curcuma longa* L., an individual from the ginger family. Its enemy of malignant growth impacts have been read for colon cancer, bosom cancer, lung metastases, and cerebrum tumor.

- Ginger has a potential preventive property against some chronic diseases, especially diabetes, hypertension, coronary heart disease [CHD], hyperlipidemia, cerebrovascular disease, fatty liver, anemia, and tumor). Daily ginger consumption was associated with decreased risk for hypertension and in other chronical diseases.

We have more possibilities to help or cure our patients in combination and personalised medicine.

- Ivabradine – recommended if patients are in sinus rhythm with a HR > 70 bpm

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- Hidralasine and isosorbid dinitrat – recommended as alternative to ACEIs/ ARBs if neither is tolerated, or if the patient remains symptomatic despite treatment BB, ACEIs (or ARBs) and MRAs
- Digoxin – recommended if patients associated atrial fibrillation of flutter with increased ventricular response, or if the patient is in synus rhythm bur intolerant to BB, or remains symptomatic despite treatment BB, ACEIs (or ARBs) and MRAs
- Nutritional supply by Q10-coenzyme, B1 vitamin, carnitine and taurine

The diuretic treatment in patients with HF is just suggested for congestive side effects ease and keeps up euvoemia. While the pharmacological arms stockpile of HF with diminished LVEF is these days tremendous, in patients with HF with protected or mid-run LVEF no treatment has demonstrated decrease in mortality or dismalness. IN this patients diuretic treatment is suggested for side effect mitigate, treatment of related comorbidities (HT, CAD, AF, and so forth). Taking everything into account, the pharmacological treatment accessible today has improved the morbi-mortality and useful limit of HF patients, however because of its natural restrains, a huge extent of patients stay indicative with visit re-hospitalizations, a constrained utilitarian limit and still a high death rate.