



## A SURVEY REPORT ON TYPES OF CANCER REPORTED FOR PHYSIOTHERAPY IN SATARA DISTRICT

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### ABSTRACT-

**Background-** Cancer is a mutation in the cell; it mutates and begins to produce much more quickly than the nearby tissue. Thus, the most common way that cancer manifests in people is as a lump, growth, or bump. In most cases, physiotherapists work with cancer patients. Chemotherapy, radiation therapy, and surgery are all forms of cancer treatment that are always being improved upon in order to prolong the lives of cancer patients. Particularly, patients with cancer experience a rise in 5-year survival rates. In addition to pain and weariness, cancer patients also have lung dysfunction, muscle weakness, and fatigue. Ultimately, activities of daily living (ADL) and quality of life (QOL) tend to diminish in cancer patients.

**Methodology-** The study group consisted of 72 cancer patients, of age group 30-90, which includes both male and female. A survey was conducted among the cancer patients who were under Physiotherapy treatment.

**Result-** The data analysis showed that out of 72 cancer patients who were taking physiotherapy treatment, in which 39 females are with breast cancer, 15 people are with mouth cancer and 19 people are with other type of cancer.

**Conclusion-** The study showed that those cancer patients taking Physiotherapy treatment had good progression.

**Keywords-** Cancer, Cancer patients, Physiotherapy treatment.

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### INTRODUCTION

Cancer is a change in cell, it mutates and it start producing much faster than the surrounding tissue. So we get lump or a growth and that's normally how cancer is present in people. Treatment for cancer includes chemotherapy, radiations, and surgery that are being unendingly developed and therefore increase survival of patients diagnosed with cancer<sup>[1]</sup>. Cancer patients have several issues like muscle weakness, pulmonary dysfunction, fatigue, and pain. In the end, patients with cancer tend to possess a decline in activities of daily living (ADL) and quality of life (QOL)<sup>[1]</sup>. Physiotherapy usually helps patients regain strength, physical function, improve their living quality and independence of daily living that they might have lost because of cancer or its treatment<sup>[1]</sup>.

Any movement involving the skeletal muscles and requiring more energy than resting is considered to be physical exercise. Walking, running, dancing, biking, swimming, doing duties around the house, working out, and participating in sports are all examples of physical exercise. Physical aspect of rehabilitation are the main focus of Physiotherapy. Physiotherapy helps patients in a number of really good ways, it reduces the side effect of cancer treatment. A common side effect of cancer treatment such as chemotherapy is fatigue which leads to reduction in mood maybe anxiety and ultimately depression. Regular exercise during these treatment improve psychological well-being. So during initial treatment such as chemotherapy or radiotherapy, the trick is to avoid inactivity. After these treatments are finished the trick is then to try to exercise a bit more vigorously. Diseases or illness has a psychological as well as physical impact, both of which should be addressed. Rehabilitation is a learning or adaptive process.

A Physiotherapist can help the patient to find the type of exercise that's right. And also help the patient to figure out how often and how long they should exercise. Physiotherapy include the activities that uses muscle group. Strengthening and fitness are all important parts of a good exercise program. Exercises to increase flexibility and keep the range of motion in your joints. Being physically active may help to reduce the risk of second cancer, as well as other serious chronic disease.

Since the body contains cells all around, cancer can actually develop anyplace. For women one of the most common cancer of course is breast cancer and for men prostate cancer, in both men and women lung cancer and colon cancer are common cancers<sup>[2]</sup>. It's important to understand that the cancer that occurs in one individual is very different than the cancer occurs in another, just like those individuals are different. Ideally physiotherapist always looking to add some sort of cardiovascular component most days of the week as well as weight training and resistance training, also stretching or range of motion and again add anything that the patient specifically want to get back into life<sup>[3]</sup>.

When to see an Oncology Physiotherapist: if the patient feels **fatigue, weakness, pain, imbalance, lymph edema, tightness.**

#### **WHY PHYSIOTHERAPY<sup>[5]</sup>;**

- Preserve and gain lean muscle mass.
- Help repair cells and maintain muscle for function.
- Avoid muscle, fat and tissue wasting.
- Reduces tiredness and increases energy levels.
- Improve strength and flexibility.
- Improve self confidence.
- Reduce anxiety and depression.
- Improve sleep pattern.
- Help manage side effects of treatment hot flushes or maintain bone density or weight management.
- Potentially can reduce or delay recurrence or a second primary cancer.
- Lowers the risk of developing other health problems: heart disease, diabetes, stroke.

**MATERIALS AND METHODOLOGY-**

This was a survey study to find out how many cancer patients were taking Physiotherapy treatment in Satara district. The study was carried out in Krishna College of Physiotherapy, Karad, Satara and Oncolife Cancer Center, Shendre, Satara. An approval for the study was obtained from the protocol committee and ethical committee of Krishna Institute of Medical Sciences 'Deemed to be' University, Karad. The duration of this study is 6 months. A data collection was done from these two centers. Individuals were approached and those fulfilling inclusion criteria were selected. The purpose of study was explained and the study was performed by taking consent of each individual through consent form. 72 individuals were selected. The inclusion criteria were cancer patients both male and female of age group 30 – 90 years. The exclusion criteria were non-cancer individuals, individuals with recent surgery. Primary outcome measure was by collecting the details like name, age, gender, type of cancer and part of the body affected.

**RESULT-**

- Age distribution

AGE	MALE	FEMALE
30-40	3	10
41-50	16	10
51-60	6	8
61-70	5	10
71-80	1	2
81-90	1	0
<b>TOTAL</b>	<b>32</b>	<b>40</b>

- Type of cancer

AGE	BREAST CANCER	MOUTH CANCER		OTHER CANCERS	
		MALE	FEMALE	MALE	FEMALE
30-40	10	1	0	3	0
41-50	14	5	0	5	2
51-60	7	2	1	6	0
61-70	7	3	2	0	1
71-80	1	1	0	0	1

81-90	0	0	0	1	0	
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- Other cancers: lung cancer, limb cancer, tongue cancer, brain tumor, cervix cancer, rectum cancer.

**INTERPRETION-** The above graphs shows that out of the whole sample collection, male are more prone to mouth cancer than females and most females comes with breast cancer. From this survey we came to know that only some percent of the people were aware that Physiotherapy treatment can be given for cancer patients both pre-operatively and post-operatively. The responses from 72 patients who said physiotherapy was required in cancer related symptom management helped in the following areas: reduce pain, reduce swelling, reduce joint stiffness, reduce muscle tightness, reduce breathing difficulties, improve quality of life, improved physical function.

### **DISCUSSION-**

The purpose of the study was to find how many cancer patients were under Physiotherapy treatment and what types of cancers were reported for Physiotherapy treatment. The objective are to collect the name, age, gender, type of cancer and part of the body affected. Our study showed most of the patients with cancer or their relatives are not aware that Physiotherapy treatment can be given of cancer treatment both pre-operatively and post-operatively. This survey was conducted in two hospitals in Satara district. The hospitals are Krishna College of Physiotherapy, Karad and Oncolife Cancer Centre, Satara.

Observational studies, in which participants report their physical activity and are monitored for years for cancer diagnoses, provide the majority of the evidence indicating a relationship between more physical activity and a lower cancer risk. Although observational studies cannot establish causation, they can show that a relationship exists when results are consistent across groups and a feasible mechanism for the relationship can be identified. There is some evidence to support the link between physical activity and a lower risk of lung cancer<sup>[27,28]</sup>. The relationship of physical activity with a lower risk of lung cancer may, however, be explained by variations in smoking rather than in physical activity. Physical exercise was linked to a lower risk of lung cancer among former and current smokers in a 2016 meta-analysis of 25 observational studies, but it was not linked to a lower risk of lung cancer among never smokers<sup>[30]</sup>. There is weaker evidence of a relationship for a number of other malignancies. Some blood cancers are among them, along with tumors of the pancreas, prostate, ovaries, thyroid, liver, and rectum<sup>[29]</sup>.

Each patient was personally met for this study, and information was collected, including demographic information and a consent form written in the patients' native tongue. Then, after outlining the purpose and design of our study, we persuade them to take part. Then obtained the patient's own signature on the consent form so that the patient's information could be collected for the subsequent study. The demographic data included name, age, gender, type of cancer, and part of the body affected. Patients of two hospitals were included. Details of 72 cancer patients were taken. Different groups were made according to the age group and type of cancer the patient was suffering in that male and female were separated.

Our study on 72 cancer patients in which include both male and female of age group between 30-90. Out of which 32 are male and 40 are female. From the study we could see that most females are reported for breast cancer. Male as well as female are reported for mouth cancer. A total of 39 are with breast cancer, 12 male and 3 female with mouth cancer, 15 male and 4 female with other types of cancer which include lung cancer, limb cancer, tongue cancer, brain tumor, cervix cancer, rectum cancer.

This study will be beneficial for the cancer patients to be assured that Physiotherapy treatment can be a turnover in their life after or even before the diagnosis of cancer. This study can be helpful to know that all type of cancer patient can undergo Physiotherapy treatment.

### **CONCLUSION-**

In final analysis, it is concluded that, most patients that come for Physiotherapy treatment with cancer are either by the reference of doctors and friends or family suggestion. An overall lesser awareness of Physical Therapy is found among the cancer patients.

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