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Cancer- is a Disorder or a Survival Mechanism: A Review Article

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Research Article

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ABSTRACT

Cancer said to be more complex and unpredictable disease or auto immune disorder. It can strike at anyone at any time. On the reasons in the back of the development of most cancers cells, it appears that cancer isn't always as coincidental or unpredictable because it appears to be. WHO estimates monitor that the worldwide occurrence of cancer may be as high as 500 million, with an annual mortality fee of up to 1.3 million people. Cancer is basically a disease of tissue growth control. In order for a healthy cell to transform into a cancer cell, the genes that regulate cell growth and differentiate must be act to alter. The majority of this global burden of sickness is born with the aid of countries of the growing global with excessive rates of vertical as well as bad access to healthcare. The present review article discussing the cancer is a fatal disorder or it's a survival mechanism.

INTRODUCTION

Cancer is one of the huge burdens of diseases faced by developing countries and is the second most common disease after the heart disease. Statistics indicate that 2,336,986 (1,811,867) in developing regions and 525,120 in developed regions) women who are 15 years and above are at risk of developing cancer. About 86% of all cancer cases occur in developing countries and 88% of women who die of cancer worldwide every year lived in low-income countries. About 4.5 million Women aged 15 years and older who are at risk of developing cancer currently, it is indicated that every year 13,684 ladies are identified with cervical cancer and out of which 12,314 dies from the disease [1-5]. Cervical cancer ranks as the most frequent cancer among women and the most frequent cancer among women between 15 and 44 years of age. Currently, there about several number of open access journals come to existence on these topic to provide more visibility and accessibility to the readers in gaining the required information of the present state of research and other ongoing researches all over the world, which are being exhibited through open access journals, serve as the main source of information in various field [6-10].

METHODOLOGY OF CANCER

USA has the highest number of cancer indicators worldwide. Surprisingly, despite cancer of the cervix, breast cancer being one of the major health hazards to women, little is known about the types of cancer or precursor lesions in the developing country or low income coutries. In order to create awareness among the people, group of physicians and specialists whom where unite to form a society or a non-profitable organization [7-11]. The main aim

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of these organizations is to advise and create awareness among the victims of Cancer as well as healthy group. Major societies like Cancer Research Society is not for profit organization whose sole purpose is to fund cancer research, preventing, detecting and treating this diseases and the advancement of quality standards to enhance determination to help Canadian analysts find ways to cure cancer. Senologic International Society (SIS) came to existence in the year 1976 by Charles-Marie Gross aims at to bring together national societies of Senology around the globe and improving the expertise and high-quality of breast cancer assistance worldwide [12-18]. Kidney cancer Association the charitable organisation involved in providing support to educate families and physicians, and serve as an advocate on behalf of patients at the state and federal levels in the United States and collaborating with conference organizer like OMICS International.

Humans are continuously exposed to a variety of carcinogens and are at high risk for developing cancer. Prediction of cancer risk in humans has previously been proposed using biomarkers of DNA, protein, and lipid adducts. The renowned speaker or researcher gathered at Australia the "Land of Discontinuous species at conference with title International Conference on Tumor & Cancer Immunology and Immunotherapy [19-22] with a theme "*Latest Advances in tumor & cancer immunotherapy from vaccines to antibodies and cell therapies*". However, limitations of available data and difficulties in extrapolating from animals to humans have interfered with successful cancer risk assessment. Humans are generally exposed to continuous and low levels of carcinogens, but the results from animals are mainly from single and high-exposure doses [23-28]. In addition, information on toxic kinetics, susceptibility, and carcinogenesis mechanisms is often unavailable for humans. In month June,2016 in Italy is the peak of the tourist season Omics organize the conference Cancer Diagnostics Conference & Expo [29-35] with a theme "*Enhancing innovations in Cancer Diagnosis and treatment*" with keynote speaker Diana Anderson with a title "*Sensitivity and Specificity of the Empirical Lymphocyte Genome Sensitivity (LGS) Assay: Implications for Improving Cancer Diagnostics"* these study examined differences in the sensitivity to genomic damage of lymphocytes derived from cancer patients, pre/suspect cancer patients and normal healthy volunteers gathered a special attention it was highly appreciated.

Due to the factors just described, modeling of risk assessment using biomarkers is often complicated, although application for risk assessment has long been. Therefore, the extrapolation process to relate animal data to humans needs to be simplified with consideration of proper uncertainty or safety factors. Biomarkers are biochemical alterations of biomolecules in the body after exposure to carcinogens. We have discussing well theories or methodology to understand the mechanism of cancer well "Journal of Clinical & Experimental Oncology has especially coming out with interesting articles on oncology and its clinical aspects [36-42]. They can also be classified as exposure biomarkers, susceptibility biomarkers, effect biomarkers, or disease biomarkers depending on the stage of carcinogenesis. Theoretically, each biomarker can be qualitatively or quantitatively used for cancer risk assessment during carcinogenesis, but the application of exposure biomarkers may be more appropriate at the early stages of carcinogenesis for preventive purposes. Among the biomarkers, DNA adducts have been considered the most critical, since DNA is involved in mutagenesis and carcinogenesis [43-51]. For cancer risk assessment, DNA adduct should be measured in the target tissue or organ.

However, for human risk assessment, the measurement of DNA adduct in the target tissue (e.g., lung, liver, etc.) is so unlikely that a surrogate tissue, such as blood, could be alternatively used for DNA adduct measurement after a relevant correlation between the blood and target tissues has been established requirements for cancer risk assessment using biomarkers include exposure dose [15,28,52-60], levels of biomarker, and a dose-response relationship with respect to tumor formation based on chronic exposure to carcinogens. Breast Cancer: Current Research publishes open access study article to understand the methodology for cancer risk assessment modeling is proposed that uses interrelationships between benzo[a]pyrene–DNA adduct formation, exposure dose, and tumor formation [61-64].

HEALING CANCER VERSUS FIGHTING IT

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Luca Morandi is a Senior Research Scientist at the Department of Biomedical and Neuromotor Sciences, University of Bologna, said a presented a beautiful thought on true healing requires you to start fighting; for fighting is what actually prevents a true cure. The study of "cancer" as a killer disease by specialist and other human being which has turned out it into a disorder with fatal consequences for the majority of today's cancer victims and their families. Cancer has become compatible with remarkable suffering, pain, and death [65-69].

In truth to say, most cancers appear and pass of their own accord. Not a day transfers without the body making millions of cancer cells. Some people, under severe transient stress, make more cancer cells than usual and form bunches of cancerous cells that escape again once they feel better. Michael W Retsky received Ph. D Physics from University of Chicago, but he made a career change to cancer research thirty years ago carry out medicinal study shows that secretions of the DNA's potent anticancer drug, Interleukin II, drop under natural and mental pressure and rise again when the person becomes relaxed and joyful, revealing that stress is an underlying condition of cancer. However, people are generally not under severe strain all the time. Therefore, most cancers disappear without any form of medical arbitration and without causing any real impairment.

Relatively few cancers truly become "terminal" or are not even detected. The broad majority of cancers remains undiagnosed and is not found in an examination of disease. Most people don't die of cancer; they don't even have any symptoms that would cause a physician to suspect cancer. 30 to 40 times as many cases of thyroid, pancreatic, and prostate cancer are found in examination than are detected by physician. Screening often leads to useless treatment. The problem is that people who are diagnosed are about and they submit their bodies to these cutting/burning/poisoning procedures that cause more injury. The most important question is not, "How advanced or dangerous is cancer?" [70-78] but, "*What we are doing or not doing that puts their body into a position of having to fight for its life?*" Why do some people get cancer quickly and others don't? What triggers healing and what prevents the body from healing cancer naturally? What makes cancer so terrible, if indeed it is dangerous at all? [17,51,79-82] .

Ibrahim Yilmaz carried out comprehensive scientific research in the course of recent years of time come up with article title *"Is it Possible to Expedite Studies on the Effects of Pharmacological Agents on Primary Cell Cultures Obtained from High-grade Fibular Osteosarcoma?"* has proved that genes do not bring about disease, but are, in fact, influenced and altered by changes in the nature all through life. Genes change in an abnormal way only when they are fear stress, whether from food additives like Aspartame and MSG; an antibiotic or steroid; crossing a busy highway of fear of significant feeling of uncertainty; or a profound sense of doubt.

Allopathic medicine has a name for this normal response by cells under prolonged strain: "chronic illness." Koichi Suyama, said that in his article title *"Chemotherapy for Patients with Renal Dysfunction"* that Cancer occurs when a cellular balance is endangered and the cell has to take recourse to further extreme measures of preserving or defending itself. The possibility that cancer is a survival mechanism has never been considered in cancer treatments, and this has lethal results [83-85].

The drug companies revealing there are discoveries to the Food and Drug Administration only need to demonstrate the tested drugs have shown some advantage in some people. If the researchers manage to recruit enough candidates that are likely to produce a good placebo response to the drug treatment, they can make it a marketable drug. FDA has authorization to anti-cancer drugs based on response rates that are at best in the 10-20 percent range.

What's more, the "success" of cancer studies is measured by tumour shrinkage instead of mortality rate, so even if the person dies, as long as the tumours shrink it is considered successful. For many cancer patients whose immune systems are then compromised, a just unit dose of chemotherapy or radiation can turn out to be fatal.

The success record of modern cancer therapy is significantly less than even the weakest treatment response. On the average [86-88], remission occurs in only about 7 percent of cancer patients. Besides, there is no such evidence that this discouragingly about low 7 percent "success rate" results from the treatments which was offered, they may have disappeared anyway. This is more likely since not treating cancer at all has a much higher success rate than treating it.

Although just 2-4 percent of cancers types which give respond to chemotherapy, it has now displayed old conventional procedure to direct chemo-drugs for most of the cancers. The section of people with cancer in around the world who receive chemotherapy is 75% out of which about half of them will die due to drug side-affects. The cancer industry tries to use statistical "evidence" to convince you that you need to entrust your life into their hands. The survival statistics of the American Cancer Society [90-94] are very misleading as they include things that are not a disease, and, because we are not ready to diagnose at an initial stage of the disease, patients falsely appear to live

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longer. In truth, more people over 30 are dying from cancer than ever before, but more women with mild or benign diseases are being included in statistics and reported as being 'cured'.

CONCLUSION

The present review article on study was undertaken to under theoretical methodology for cancer risk assessment is not a fatal disease. In developing a better risk assessment model in the future, sufficient chronic data with respect to the kinetics of biomarkers and 2-yr bioassays for a variety of carcinogens should be provided [95-99]. Furthermore, various biomarker models (e.g., protein adducts, lipid adducts, etc.) of carcinogens for cancer risk assessment need to be developed and compared with the conventional distribution or mechanistic risk assessment models [100].

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