

# Competent Treatment Sharp Adenocarcinoma of Stomach at Women. Abstract for Clinical Pharmacists and Doctors

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## Abstract

**Dark ways of gastric carcinogenesis of stomach cancer in women:** In Russia, stomach cancer consistently ranks second in the structure of oncological diseases (15.8% in men and 12.4% in women), the disease is widespread in Korea, Japan, Great Britain, South America and Iceland. In Korea, stomach cancer occupies the first place in the structure of cancer incidence (20.8 %) and the second place in mortality. Gastrocancerogenesis is a dynamic process with a huge variety of cellular damage leading to tumor transformation.

**Genetic changes in stomach cancer:** Genome sequencing made it possible to identify a huge number of genetic changes in the tumor tissue of the stomach.

**Genomic aberrations:** Genomic analysis showed the presence of a number of mutations that underlie the malignant phenotype, the so-called driver mutations. There is a high frequency of mutations in the TP53, CTNNB1, ARID1A and CDH1 genes, as well as in the poorly described MUC6, RNF43, CTNNA2, Gli3 genes, TGF- $\beta$  proteins of the family, such as TGF- $\beta$ , ELF3 and SMAD4, RHOA. These changes affect the cellular signaling cascades: the coupled, Wnt-and TGF- $\beta$  pathways.

**Driver (leading) mutations:** In some of the driver mutations, the proteins involved interact so closely that their identification within the same pathway is difficult. Such proteins include TP53, MUC6 and ARID1A. TP53-mutations are one of the most common genetic aberrations in patients with RV. These tumor suppressors cause cell cycle arrest, apoptosis, and aging in response to a variety of environmental stressors. Changes in the function of TP53 are noted at the genetic and epigenetic levels (abnormal methylation of genes regulating subsequent links of signal cascades). The level of expression of the p53 protein is associated with the form, degree of invasion, as well as the localization of the tumor in the stomach. nMUC6 expression plays an important role in the protection of the gastric mucosa. Reduced expression of MUC6 was observed after infection with H. Pylori. The expression of MUC6 in RV negatively correlates with the size of the tumor; deep invasion, and the presence of metastases. MUC6 can act as a tumor suppressor. ARID1A encodes an ATP-dependent protein involved in DNA repair. Functional analysis of the ARID1A protein revealed its role in the regulation of the cell cycle. In combination with p53, it suppresses p21 and restricts the transition of the G1 phase to S.

**Keywords:** Adenocarcinoma; gastric cancer; gastrointestinal carcinoid

## Silent Mutations as Potential Drivers of Cancer

The coupling path (CTNNA2 CTNNB CDH1 RHOA). Adhesive contacts are dynamic structures located on the cell surface that determine the apical-basal axis of cells. They are needed for interaction between neighboring cells and the transduction of

signals from the extracellular environment with the nucleus, leading to gene transcription. The drivers of mutations in gastric cancer identified within the genes of this pathway are CDH1, CTNNB1, CTNNA1 and RHOA. CDH1 encodes E-cadherin. CDH1 mutations

are associated with an 80% risk of developing stomach cancer, requiring preventive gastric resection in properly selected patients. A decrease in the expression or function of E-cadherin destabilizes the connections between cells, being one of the mechanisms of invasion and leading to a diffuse type of tumor growth. CTNNB1 encodes  $\beta$ -catenin (a protein that is in complex with cadherin-cell adhesion molecules in animal cells), which is involved in the formation of adhesive contacts.

After mechanical stimulation on the cell surface,  $\beta$ -catenin can become phosphorylated, which disrupts its connection with E-cadherin and leads to its nuclear localization, where it functions as a transcription factor [1]. Genetic damage to  $\beta$ -catenin can lead to its abnormal nuclear localization, which leads to the transcription of oncogenes such as MYC. Mutations of  $\beta$ -catenin can lead to a violation of cell aggregation through the cancellation of the function of E-cadherin, despite its normal structure. CTNNA2 encodes catenin-a2, which plays an important role in the regulation of  $\beta$ -catenin signaling. CTNNA2 can act as a tumor suppressor, preventing the nuclear translocation of  $\beta$ -catenin as a result of maintaining intercellular adhesion and inhibiting migration and invasion. In the diffuse type of gastric cancer, unique mutations of the RHOA gene were detected in 14.3 % of cases, which play a key role in avoiding anoikis (cell death by apoptosis, which occurs in response to incorrect cell adhesion (connection with the extracellular matrix) or its loss, violation of tight contacts and focal adhesion. Diffuse tumors with these mutations show low differentiation, are localized mainly in the body and antrum.

### Wnt path (CTNNB1, RNF43)

It regulates several biological processes, polarity, adhesion and cell growth, and in turn divides into two pathways, both of which are important for gastrocancerogenesis. The first pathway is involved in the stabilization of  $\beta$ -catenin (invasion and metastasis), the second pathway (independent of  $\beta$ -catenin) is involved in embryonic development, the formation of cell polarity. In turn, the accumulation and high intracellular level of  $\beta$ -catenin may be associated with the inactivation of the APC gene, mutations of which are more often detected in moderately differentiated gastric adenocarcinoma [2].

### The TGF- $\beta$ pathway

Many genes of the TGF- $\beta$  family show mutations in gastric cancer, for example, TGFBR2, SMAD4 and ELF3 [3,4]. A decrease in sensitivity to TGF - in gastric cancer is associated with the development of more aggressive tumor phenotypes. The product of the c-MET proto-oncogene is the c-MET receptor tyrosine kinase. Its ligand is the hepatocyte growth factor (HGF), which has a diverse effect on the vital activity of cells, including their ability to migrate, the processes of cell differentiation and tissue morphogenesis. The HER2 oncogene (c-erbB/2) is homologous to the epidermal growth factor receptor gene (c-erbB/1). Its product is a glycoprotein with tyrosine kinase activity, a transmembrane receptor. There are accumulating studies devoted to the study of the relationship

of the clinical course with the overexpression of the c-erbB/2 protein in the primary tumor. Excessive membrane expression of c-erbB/2 is associated with a poor prognosis of the disease and may be an additional indicator for identifying groups of patients with a more aggressive course of the disease. Epigenetic instability in gastric cancer. Among the epigenetic mechanisms involved in pathogenesis, DNA and microRNA methylation are described. There is an evolution of the «one size fits all» approach to personalized strategies that are also focused on cancer prevention. This is a very real goal, the achievement of which includes 3 stages:

- a) Genetic screening-identification and registration of oncologically burdened families
- b) Genetic counseling-determining the risk of developing a malignant disease for the patient's relatives (health forecast) and his future children (offspring forecast)
- c) Clinical and genetic monitoring of the group of increased genetic risk.

### Early Signs

It is Latent.

### Early signs of any Gastrointestinal Carcinoid

Carcinoids most often secrete serotonin. The substrate for the synthesis of serotonin is tryptophan, which tumor cells capture from the blood. The carcinoid is able to process up to half of all tryptophan coming from food. As a result, tryptophan may not be enough for the synthesis of proteins and nicotinic acid (vitamin PP), so patients with multiple metastases often have symptoms of protein deficiency and pellagra [5]. Serotonin stimulates secretion and suppresses absorption in the intestine, as well as increases peristalsis. It is the high level of serotonin that causes diarrhea in carcinoid syndrome.

- a) Redness (hyperemia) of the skin of the face, ears, neck and chest (from a few minutes to several hours). The tumor produces serotonin, histamine and bradykinin - redness is provoked by eating.
- b) Depression (need a job as a psychologist-psychotherapist).
- c) Cramping abdominal pain.
- d) Diarrhea.
- e) Sudden attacks of suffocation.

A very important role is played by the growth of pathogenic flora, the presence of dysbiosis, after its elimination with antibiotics (macrolides), the number of carcinomas decreases, this is due to a decrease in the activity of bacterial 7 - alpha - dehydroxylase, which increases the formation of carcinoids from bile acids. At a low PH (medium) of the stool, this enzyme is inhibited (this is facilitated by high-calorie food that acidifies the intestines, normally-there is an alkaline environment, along with other dehydrogenases, changes in diet (the introduction of fiber before the onset of the disease), lactulose, lactitol, calcium, vitamins A, C

and E - can have a chemoprophylactic effect. When the disease has already developed, fiber cannot be injected, it will contribute to the further development of the tumor, which is why prevention is important. Diseases occur when bioregulatory compounds in the body are disturbed. The basis of all diseases is not a competent vaccination, not a healthy psyche, it gives the launch of a dormant infection in the body, through water (ecology), food, STDs (sexually transmitted diseases, but in the same way – infection with hepatitis and other diseases occurs through the blood, so the prevention of gastrointestinal diseases and infections is most relevant) [6,7].

It should be remembered that up to 69 % of sex hormones are released into the intestines in conjugated form and up to 97 % of estrogens in the stool are deconjugated and under the action of bacterial enzymes, some of them enter the portal blood circulation. Attention! In vegetarian women, after taking antibiotics, the excretion of estrogens and androgens increases, they need the introduction of estrogen-like herbs or estrogen replacement therapy after a course of treatment. The intestinal microflora plays a certain role in the metabolism of some medications (for example, after taking Erythromycin - a macrolide antibiotic), the level of Digoxin (a cardiotropic drug of digitalis) sharply increases, under the influence of intestinal bacteria, under the action of azoreductases, sulfonamides are cleaved to active metabolites that have an antimicrobial effect. Attention! According to various studies, up to 20% of cases of chronic stomach ulcers, especially long-term, callous, degenerate into cancer. Attention! With cardio-esophageal cancer, there is an increased salivation, hiccups. In some cases, the first clinical manifestations of the tumor are due to metastases (to the lungs, liver, bones).

Attention! The presence of achlorhydria and achilia is often observed in cancer of the stomach body, but cancer of the pyloric-antral part of the stomach can occur against the background of normal and even increased acidity of gastric juice. In the presence of achlorhydria, attention is often paid to a relatively high (15-20-25 titration units) the so-called bound acidity of gastric juice, which is explained by the increased fermentation processes in the stomach with the formation of a large number of organic acids, in particular lactic. However, this sign is also non-specific.

### Diagnostics

- a) Feces for latent blood and large-frame fluorography.
- b) Gastroscopy after 40 years - tumor cells accumulate Tetracycline when it is prescribed.
- c) General detailed blood test (detection of anemia).
- d) MRI of the thoracic and abdominal cavity.
- e) Cancer markers are not specific.
- f) Biopsy-the method is not specific.
- g) These signs are not specific, except for gastroscopy and feces for hidden blood, as well as large-frame fluorography.
- h) Test-Helicobacter pylori.

- i) The DNA of the Epstein-Barr virus (is available – an unpublished Book).
- j) DNA test for AIDS.

### Risk factors

- a) Changes in well-being.
- b) General asthenization.
- c) Reduced working capacity.
- d) An unmotivated decrease in appetite to complete anorexia.
- e) Aversion to some meat and fish dishes.
- f) A feeling of fullness of the stomach, a feeling of its bursting, heaviness in the epigastric region.
- g) Progressive weight loss while maintaining the same calorie content.
- h) Anemia.
- i) Mental depression (stomach body).
- j) Vomiting of eaten food (pyloric department).
- k) Increasing dysphagia (cardiac stomach).
- l) Temperature rises with a maximum in the morning and antibiotic resistance!
- m) The author found an antibiotic-Sanguiritrin-tablets, for which there is no resistance to microflora (author's note). I use it according to the clinical situation-strictly after eating in 30-40 minutes. The drug suppresses bacterial gyrase, reduces the level of CEC (circulating immune complexes).
- n) There is edema, dyspepsia and cachexia (exhaustion) - usually in the elderly.
- o) Anemia with leukocytosis.
- p) Increase in ESR. Fibrotic cancer (scirr) is especially dangerous, it gives the worst prognosis.
- q) Any pathology of epithelium-dysplasia - has a precancerous nature.

Informative-the presence of paraneoplastic diseases (dermatomyositis, erythema nodosum, peculiar skin changes (acantosis nigricans) - a change in skin turgor, pallor, sallow complexion, lethargy, disappearance of eye shine - these signs, along with the "small signs syndrome" are considered early signs, they can appear several months and years before the appearance of the disease, so you only need to see these changes, more often expose yourself to preventive examinations and engage in prevention! There has long been a significantly higher incidence of stomach cancer among the elderly (over 50 years old), but it can occur in younger people, and in some cases, even in children [8]. Hereditary predisposition to the occurrence of stomach cancer. A number of families where everyone suffered from this disease are described. The dependence of the frequency of stomach cancer on the nutritional characteristics of the population was noted.

The predominance of smoked meats, spices, bread, cheese, rice, very hot, especially fatty foods, frequent consumption of strong alcoholic beverages contribute to a more frequent occurrence of stomach cancer. While among the population groups that mainly eat citrus fruits, vegetables, milk, beef, sterilized canned products, stomach cancer is somewhat less common. Among people who eat irregularly, stomach cancer is also somewhat more common than among people who follow a rational diet. The undoubted carcinogenicity of such substances as methylcholanthrene, 3,4-benzpyrene contained in coal tar and some others has been proven. The most frequent «background» of the development of stomach cancer is chronic atrophic gastritis with secretory insufficiency of the stomach (especially atrophic-hyperplastic gastritis) [9]. According to various authors, patients with B12-deficient anemia, who naturally experience the phenomena of pronounced atrophy of the gastric mucosa, are 3-20 times more likely to die from stomach cancer than people who do not suffer from this disease. Numerous observations indicate the possibility of malignancy of stomach polyps in 12-50% of cases.

**Hypereosinophilia**-The degeneration of chronic stomach ulcers, especially long-term, callous, into cancer, according to various authors, is observed in 1.3-20% of cases. With cardio-esophageal cancer, there is an increased salivation, hiccups. In some cases, the first clinical manifestations of the tumor are due to metastases (to the lungs, liver, bones). The presence of achlorhydria and achilia is often observed in cancer of the stomach body, but cancer of the pyloric-antral part of the stomach can occur against the background of normal and even increased acidity of gastric juice. In the presence of achlorhydria, attention is often paid to a relatively high (15-20-25 titration units) the so-called bound acidity of gastric juice, which is explained by the increased fermentation processes in the stomach with the formation of a large number of organic acids, in particular lactic. However, this sign is also non-specific. Attention to the Doctor and Pharmacist! The British Food Standards Agency recommends that adults limit their daily intake of salt to 6 grams. The general prevention of stomach cancer consists in the timely treatment of precancerous diseases (stomach polyps, chronic ulcers, gastritis), in compliance with a normal diet [10].

One of the most effective methods of preventing oncological diseases of the entire gastrointestinal tract is a rational diet based on the principles of maximum mucosal care, variety and high quality of products, regular and frequent meals.

- a) Freezing food products instead of salting, pickling and smoking, as well as changing the nature of nutrition, have helped to reduce the incidence of stomach cancer in a number of developed European countries by two to three times over the past 30 years.
- b) A diet high in fresh fruits and vegetables also leads to a reduced risk of stomach cancer. It is recommended to eat fresh fruits and vegetables at least five times a day along with products from coarse grains in the form of bread, cereals, pasta,

rice and beans. Red meat, especially fatty or processed, should be limited.

- c) When eating, the food should not be excessively abundant, hot and salty. It is better to give up strong meat broths, fish and mushroom rich soups, fried meat and fish, lard, pickles, canned food, pastry, pies.

For many people, diet is a synonym for giving up the joys of life. In fact, even a very modest menu can look appetizing and attractive.

- a) Diet for stomach cancer in women: here are some recipes for delicious dishes that can significantly brighten up the impressions of a strict diet for patients with gastritis or stomach ulcer.

- b) Protein omelet with rice: 3 egg whites, 1 tablespoon of rice, 2 tablespoons of water, 0.5 tablespoons of butter, salt. Sort the rice, wash it, cook it in water until it is completely ready. Discard in a colander, pass through a meat grinder or rub through a sieve. Combine with the whipped whites, add salt, add water, mix. Pour the mass prepared in this way into a form greased with oil, cook for a couple. When serving, pour the omelet with melted butter.

- c) Buckwheat porridge souffle with cottage cheese: 0.25 cups of buckwheat, 0.25 cups of milk, 0.5 eggs, 0.5 cups of cottage cheese, 1 teaspoon of sugar, 1 teaspoon of butter, salt. Sort the buckwheat porridge and cook it in water with milk. Cool the viscous porridge, rub it, add the grated cottage cheese, egg yolk and mix everything. Beat the egg white into a foam and pour it into the porridge. Put the resulting mass in a greased form and put it in a saucepan with water, cover with a lid and cook until ready. Pour sour cream over the finished souffle, sprinkle with chopped herbs [11].

- d) Rice soup: 30 g of rice, 10 g of butter, 2 cups of meat broth, salt. Wash the rice, dry it, grind it and cook it in a low-fat meat broth. When serving, season with butter.

- e) Broth with manna dumplings: 100 g of lean beef or chicken, 1 tablespoon of semolina, 0.5 eggs, 1 slice of carrot, parsley, salt. Prepare meat or chicken broth, strain. Add the egg and salt to the semolina, mix well. Lower the dough into small portions into boiling water. Cook until they float. Remove with a slotted spoon and put on a plate, pour in the broth, sprinkle with herbs.

- f) Steamed meat cutlets: 100 g of meat, 1 tablespoon of rice, 1 teaspoon of water, 1 teaspoon of butter, salt. Pass the meat three times through a meat grinder. Sort the rice, rinse and boil in water, cool, rub through a sieve or pass through a meat grinder. Combine with the meat, add salt, a little water, mix and divide into three parts. Make the cutlets and put them on a steam grill, which is placed over a saucepan with a small amount of water. Cover the cutlets with a lid. Cook for a couple until tender. Pour the melted butter over the finished cutlets.

g) Prune jelly: 50 g of prunes, 1.5 cups of water, 20 g of sugar, 10 g of potato starch. Cook the prunes until tender, remove the bones, rub through a sieve together with the liquid and fill with starch diluted in cold water.

h) Cocoa jelly: 5 g of cocoa, 10 g of potato starch, 15 g of sugar, 200 ml of water. Mix the cocoa powder with sugar in a small amount of hot water, then add the remaining water. Pour the starch diluted in cold water into the boiling cocoa. Bring to a boil and immediately remove from heat. Sprinkle with powdered sugar.

### Primary Prevention

- Mashed elderberry berries with sugar (1:3)
- Use non-stick frying pans for stewing, do not fry (formation of nitrosamides-carcinogens), steamed dishes stewed in their own juice, on the same portion of oil (any) do not fry – carcinogens are formed. Normally, the PH in the stomach is less than 5, - a strictly acidic and very acidic environment,

especially on an empty stomach and before eating, according to the principle: «you eat less, you get sick less».

- Do not eat food with mold (this is not Penicillin, as many people think). Important! By the way, the drug Sanguiridin treats fungal diseases without the occurrence of resistance of fungi [12].

### Differential diagnosis

It should be carried out with gastritis, peptic ulcer, benign tumors (polyps, leiomyoma, fibroma), other malignant tumors - MALT lymphoma, sarcomas (leiomyosarcoma, fibrosarcoma), gastrointestinal stromal tumor (GIST) of the stomach. The size of the ulcer is not a criterion of malignancy, for example, huge senile ulcers are often benign. Stomach cancer occurs more often in men. In doubtful cases, first, dynamics can help, and secondly, other research methods: a niche that repeatedly disappears and recurs during a periodic course is not malignant. The differential diagnosis is helped by the study of acidity, since the formula is important: niche + histamine achlorhydria = carcinoma (Table 1).

**Table 1:** In gastroscopic examination, as well as in X-ray examination, benign and malignant ulcers have their own characteristic features.

Ulcer	Benign	Malignant
Shape	Round or oval	Incorrect
Contours	Round expressed	Incorrect undulating or broken
Edges	At the level of the surrounding	Always raised with a darker color
Bottom	Yellow fibrin or dried blood	Necrotic tissue
Bleeding	Rarely, from the bottom	Often, from the edges
Petechiae in the surrounding tissues	Sometimes	Rarely
Ulceration in the circumference	Never	Often
Radial folds	Often	Rarely
A slimy shaft crossing a large curvature	Sometimes	Never

### Secondary prevention

a) 20 % alcohol r-r of Propolis – 40 drops 3 times a day before meals-dilute half with water. The course is for 1 month. After this, chew 2 g of propolis for 2 months and swallow it 3 times a day. In parallel with propolis preparations, it is advisable to take the following plants inside:

- decoction of the pericarp of walnuts on 10 % sugar syrup - ¼ cup 2 times a day-a week. Then a week-break, and so the course is 1-1.5 months.
- grated burdock roots, collected in May, take 1 tbsp. Take a spoonful 2-3 times a day, for 20-25 days.
- fresh juice from the whole Calendula plant – 1 tablespoon once a day during the season.
- Chaga
- Infusion of green walnut leaves

- fresh cabbage juice
- infusion and decoction of anise
- Aconite (after a course of correction – a 7-day break + Enterosorbent)
- Decoction of rhizomes of mountain snake (1 tbsp. l. per glass of water, boil for 15 minutes, take 1 tbsp. spoon 4 times a day before meals, you can make an alcohol tincture (1:20), drink 1 tsp. 3 times a day).

With advanced stomach cancer, you need to pluck aloe leaves from a plant at least three years old, stand for 10-12 days in a dark place at 6-8 °C, grind, squeeze out the juice and mix with cognac (Rowan on cognac) at the rate of 0.5 liters of cognac per 2 tablespoons of juice [13,14]. In case of saucer-shaped stomach cancer, it is necessary to treat both stomach cancer itself and stomach ulcer (combined therapy – natural cream + tincture of chaga + celandine juice +Imunofan) is an etiotropic therapy.

### Traditional herbal medicine

- a. Chaga extract - Befungin is sold in pharmacies. Apply it to 1 tablespoon 3 times a day for half an hour before meals.
- b. In the treatment of stomach cancer, raw fresh carrot juice is used. At the same time, it is very important that sugar, starch and flour are completely excluded from the diet in any form. They drink from 1 to 2 liters a day for several months. A mixture of melted milk (100 ml) and carrot juice (50 ml) should be taken 1 hour before breakfast. The course of treatment is 1.5-2 months. Carrot juice helps to improve appetite and digestion.
- c. It is useful to eat 8 g of Propolis daily on natural butter - (on an empty stomach), it is advisable to keep it in your mouth for a long time to enhance the therapeutic effect.

### Metastasis of stomach cancer

Due to very rapid growth and a tendency to metastasis (to the lymph node on the left above the clavicle (Vikhrov metastasis), to the ovaries (Krukenberg metastasis), to the pelvic floor (Spitzler metastasis), very often to the liver. Attention! Methods of radiation therapy and chemotherapy are not very effective (5-Fluorouracil, Fluorafur-restrain the process, but do not destroy it at all, besides, chemotherapy is fraught with serious side effects (suppression of leukopoiesis and thrombopoiesis). Operations are fraught with an explosion of metastasis.

### Competent treatment of stomach cancer in women (the author's method)

Currently, 5-Fluorouracil and Fluorofur are used for chemotherapy of stomach cancer, which selectively inhibit the reproduction of tumor cells. Fluorouracil belongs to the group of antimetabolites, it is 2,4-dioxo-5-fluoropyrimidine, in cancer cells it turns into 5 fluoro-2-deoxyuridine-5-monophosphate, which is a competitive inhibitor of the enzyme thymidine synthetase involved in DNA synthesis. Enter intravenously slowly (or drip in 500 ml of 0.9 % isotonic sodium chloride) at the rate of 10-15 mg/kg (0.5-1.0 g per day) daily or every other day. Sometimes they are administered for 4 consecutive days at 15 mg per 1 kg of body weight, and then continue treatment at a half dose every other day. The drug is administered on the 1st and 8th days of therapy. As a rule, there are no toxic phenomena. Usually, the course dose is up to 3 g of the drug. Then the treatment is interrupted, the treatment is monitored. Repeated courses with the effectiveness of the drug are carried out at intervals of 4-6 weeks [15,16].

Attention! Treatment with 5-Fluorouracil is contraindicated in the terminal stages of the disease, with cachexia, severe parenchymal lesions of the liver and kidneys, leukopenia and thrombocytopenia. Radiation therapy for stomach cancer is still ineffective, only about 10% of tumors under its influence temporarily decrease in size, mainly these are tumors of the cardiac part of the stomach. Symptomatic therapy of stomach cancer is carried out in inoperable cases. Its main goal is to relieve pain, maintain hemo-and homeostasis. Very strict adherence to the

diet is usually not required, the food should be full, varied, easily digestible, rich in proteins and vitamins.

### Conclusion

- a) Etiotropic therapy of stomach cancer is needed – this is a competent treatment of Helicobacter pilori, Epstein-Barr virus. It is responsible for 84,000 cases of stomach cancer per year. AIDS is also associated with an increased risk.
- b) There is a correlation between iodine deficiency and stomach cancer, so we need a diagnosis of iodine and its replenishment.
- c) Genome sequencing is needed. A genetic risk factor for stomach cancer is a genetic defect of the CDH1 gene, known as hereditary diffuse stomach cancer (HDGC). The CDH1 gene encoding E-cadherin is located on the 16th chromosome. When a gene experiences a certain mutation, stomach cancer develops. This mutation is considered autosomal dominant, which means that half of the carrier's children will experience the same mutation. The diagnosis of hereditary diffuse stomach cancer is usually made when two cases are diagnosed, related to a family member, such as a parent or grandfather, or one diagnosis is made before the age of 50. The diagnosis can also be made if there are three cases in the family in which age is not taken into account.
- d) No vitamins and Antioxidants.
- e) In order to reduce side effects, patients are prescribed large doses of vitamins (especially B1, B6 and C) during treatment. You can't do this! Cancer cells build their walls with their vitamins.
- f) The use of biorhythmology, psychotherapy and phytotherapy in the secondary prevention of stomach cancer can thereby prevent not only the disease itself, but the formation of metastases, and at the same time diseases of the operated stomach.
- g) Sex hormones protect against stomach cancer in women.
- h) Endogenous ovarian sex hormones can protect against gastric adenocarcinoma.
- i) Menstrual factors associated with lifelong exposure to estrogens, as well as long-term treatment with estrogenic compounds, could affect the female risk of stomach malignancies (Eric J. Duell, 2010).

Moreover, replacement therapy is possible with phytoestrogens (the author's method). The drugs are selected individually. The total cumulative years of menstrual cycles were inversely associated with stomach cancer (the risk ratio for the highest versus the lowest quintile was 0.55).

- j) Alpha-2b interferon and cimetidine increase the primary content of Fluorouracil in the blood and reduce its excretion. The effect of Paclitaxel as a cytostatic agent may be incomplete with previous treatment with Fluorouracil.

k) For cancer metastases, you can use the scheme-5-Fluorouracil + Folic acid (calcium folinate).

l) It is necessary to introduce drugs into the acrophase of the process, then the doses of the drug will be less and will be more effective at 10 am, since the maximum of tumor mitoses falls at 10 am. The morning injection coincides with the phase of DNA synthesis of the oncovirus in the acrophase of the pathological process.

m) The greatest resistance to oncovirus toxins is at 18, 23, 03, 05 hours, when the liver is active, so detoxification should be done 1-2 hours before (17, 22 hours). This is often enough to remove the toxicity of tumor decay. Immunofan gives the first phase of its pharmacokinetics precisely detoxification. This should be used for the benefit of patients.

n) It is impossible to put daily systems for the introduction. This only gives a stronger toxicity.

o) Do not use glucose tablets either orally or intravenously. Cancer cells feed on glucose. Also, you cannot use fructose and other sweeteners.

p) Operations give an explosion of metastasis.

q) It is necessary to treat stomach cancer conservatively, taking into account the presence of infection, using etiotropic treatment – Sanguiritrin - 1 tablet strictly after meals in 30-40 minutes after meals. The course of treatment is 14 days.

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