Lesson 22: Taking history in cancer patients

1. Why History-Taking is Different in Oncology

History in cancer care is not just about “what symptoms are present”. It has to answer multiple questions at once:

- What is happening with the **disease**? (site, stage, pace, complications)
- What has happened with **previous treatments**? (surgery, chemo, RT, targeted, immunotherapy, Ayurvedic/other)
- What is the **functional status**? (ECOG/Karnofsky, ability to tolerate integrative plans)
- What is the **terrain**? (Agni, doṣa–dhātu–srotas status, prakṛti–vikṛti, Ojas)
- What is the **context**? (financial, social support, mental–emotional state, realistic goals of care)

For Cytoveda-style Ayurvedic oncology, history is the base document for:

- Choosing appropriate **Pachak Vati** and system-wise Rasayana
- Deciding where Tri-Thera Spectrum (Targeted / Psycho / Immune) should emphasise
- Mapping QuantumMatrix 5-D (Agni, Doṣa–Dhātu, Srotas, Rasayana, Satva) for that patient
- Ensuring **safety with classical medicines** (LFT, RFT, cardiac, bleeding risk etc.)

So this lesson focuses on **how** to take a complete, structured, clinically meaningful history in cancer patients.

2. Core Principles Of Oncology History

1. **Be systematic, but flexible**
   - Use a framework, yet allow the patient to tell their story in their own order initially.
2. **Combine biomedical and Ayurvedic lenses**
   - Stage, histology, previous therapies
   - Plus Agni, doṣa-pradhānya, kriyakāla, Ojas, dhātu involvement
3. **Watch for red flags**
   - Any hint of emergency (cord compression, SVC syndrome, massive bleeding, sepsis, acute dyspnoea) moves priority from detailed history → immediate referral/acute care.
4. **Be trauma-informed and empathetic**
   - Many patients have already heard “cancer” and are in shock.
   - Tone, body language, and the order of questions should minimise distress, not worsen it.
5. **Document clearly and contemporaneously**
   - What the patient says, what relatives add, and what is clinically inferred must be clearly separated.

3. Structure Of A Cancer History (Integrative Format)

3.1 Identity And Referral Context

- Name, age, sex, address
- Education, occupation
- Marital status, dependents
- Who referred the patient? Oncologist / surgeon / GP / self-referral?
- Reason for coming to Cytoveda (or Ayurvedic oncology centre):
  - Looking for integrative support during chemo/RT
  - Seeking second opinion
  - Palliative symptom control
  - Post-treatment Rasayana and recurrence prevention

This clarifies **expectations and goals** at the very beginning.

3.2 Presenting Complaints

Record in the patient's own words and then translate into clinical language.

Important domains:

- Pain (site, character, intensity, radiation, aggravating/relieving factors)
- Swelling, lump or mass (onset, growth, pain, discharge)
- Bleeding (per rectum, per vaginum, hemoptysis, haematuria, gum/nose bleeds)
- Weight loss and appetite changes
- Fatigue, weakness, reduced work capacity
- Cough, breathlessness, voice change, dysphagia
- Bowel/bladder changes (constipation, diarrhoea, frequency, urgency, incontinence)
- Neurological symptoms (headache, seizures, back pain with numbness, weakness)

Always ask about **CAUTION U**-type warning signs (revised in Lesson 10) and note which ones were present at onset and which are new.

Link to performance status:

- Can the patient perform self-care?
- Can the patient work?
- ECOG/Karnofsky status should be inferred and later documented formally.

3.3 History Of Present Illness (Disease Timeline)

Build a **chronology**:

1. First symptom
    - What was the very first thing noticed? (e.g., breast lump, cough, altered bowel habit)
    - How did it progress? Rapid/slow, continuous/episodic
2. Pathway to diagnosis
    - Consultations taken
    - Investigations done (USG, CT, MRI, PET-CT, biopsy, tumour markers)
    - Date and place of confirmed diagnosis
    - Exact diagnosis name if known (e.g., "Invasive ductal carcinoma breast, ER/PR+, HER2–, Stage IIIB")
3. Treatment timeline (overview – details in a separate section)
    - Any surgery?
    - Any RT?
    - Any chemo/targeted/immunotherapy/hormonal treatment?
    - Any earlier Ayurvedic / alternative therapies? What, where, how long?
4. Present status
    - Active disease vs remission vs recurrence vs metastatic spread
    - Current symptoms that worry patient most (top 3)
    - Any recent imaging or reports (last 3–6 months)

This timeline is crucial to understand where the patient stands in the **disease journey and kriyakāla** (e.g., sannipātaja advanced stage vs potentially early stage).

3.4 Detailed Treatment History (Oncology Side)

Create separate sub-headings:

Surgery

- Type (radical/limited, curative/palliative)
- Date and place
- Margins (if known), lymph node status

- Post-operative complications (infection, lymphedema, poor wound healing)

Chemotherapy

- Regimens received (if possible, exact names and cycles)
- Start and end dates
- Acute toxicities experienced:
  - Nausea, vomiting, diarrhoea, mucositis
  - Myelosuppression (neutropenia, thrombocytopenia, anaemia)
  - Neuropathy, hair loss, cardiotoxicity, nephrotoxicity
- Dose reductions, delays or early stoppage due to toxicity

Radiotherapy

- Site irradiated, total dose and fractions
- Acute side effects (skin reactions, mucositis, enteritis, cystitis, fatigue)
- Late effects (fibrosis, strictures, lymphedema, neuropathy)

Targeted / Immunotherapy / Hormonal Therapy

- Names of drugs (e.g., TKIs, trastuzumab, checkpoint inhibitors, tamoxifen, aromatase inhibitors)
- Duration of use, side effects (cardiac, endocrine, dermatologic, autoimmune)

Earlier Ayurvedic / Other Systems

- What was used? (formulations, panchakarma, herbal decoctions, supplements)
- Any adverse events noticed?
- Whether allopathic team was aware or not

This section helps to:

- Identify **organ vulnerabilities** (liver, kidney, heart, marrow)
- Plan safe Ayurvedic medicines and panchakarma
- Understand patient's previous experiences and fears

3.5 Past Medical And Surgical History (Non-Oncologic)

Important comorbidities to ask:

- Hypertension, diabetes, dyslipidaemia, IHD / heart failure
- Stroke, epilepsy
- Chronic kidney disease, recurrent UTIs, stones
- Chronic liver disease, hepatitis B/C, NAFLD
- Asthma, COPD, TB
- Autoimmune disorders (RA, SLE, psoriasis, IBD)
- HIV or other immunocompromised states
- Major surgeries and transfusion history

These strongly influence:

- Choice and dose of **Pachak Vati, Phalatrikadi and Guggulu/Rasa** medicines
- Ability to handle Rasayana and panchakarma
- Herb–drug interaction risks (linked with Lesson 21)

3.6 Current Medications, Allergies And Supportive Care

Ask and note clearly:

- All prescribed medicines (chemo, hormonal, cardiac, diabetic, anti-hypertensive etc.)

- Over-the-counter drugs (PPIs, painkillers, vitamins)
- Any current Ayurvedic / herbal / “natural” products, health drinks, powders, tonics
- Known drug or food allergies
- Blood transfusions or reactions

In integrative practice, a full **medication reconciliation** is mandatory before starting classical medicines.

3.7 Gynecological, Obstetric And Hormonal History (Where Relevant)

For women:

- Age at menarche and menopause
- Parity, abortions, breastfeeding history
- Cycle regularity, menorrhagia/oligomenorrhoea, dysmenorrhoea
- Use of OCPs, HRT, fertility treatments
- Current menstrual status (especially in chemotherapy and hormonotherapy)

For both sexes:

- Libido changes, sexual function, fertility concerns
- Endocrine history (thyroid, adrenal, gonadal)

This helps in:

- Understanding hormone-linked risk factors and terrain
- Planning Artava–Shukra axis Rasayana cautiously in survivors

3.8 Lifestyle, Addictions, Occupation And Environmental Exposures

Lifestyle questions:

- Diet pattern (veg/non-veg, processed food, timing, snacking, night eating)
- Tobacco (smoking, smokeless), alcohol, recreational drugs
- Physical activity level
- Sleep pattern and shift work
- Occupation (exposure to chemicals, radiation, dust, heavy metals, shift work stress)

This information contributes to:

- Nidāna analysis (Āhāra, Vihāra, Manasika)
- Long-term **recurrence-prevention counselling**
- QuantumMatrix D2 and D3 planning (doṣa–dhātu–srotas correction)

3.9 Family History And Genetic Risks

Brief but focused:

- Any family members with cancer? (relation, age at diagnosis, type)
- Any pattern suggestive of hereditary syndromes (multiple relatives, early age, bilateral/multiple primaries)?

Though full genetic counselling is usually done in oncology centres, awareness of this history helps in:

- Risk communication
- Surveillance and preventive advice for relatives
- Understanding patient’s anxiety and beliefs (“everyone in my family gets cancer”).

3.10 Psycho-Social-Spiritual History

Key areas:

- Emotional response to diagnosis: fear, denial, anger, acceptance
- Past history of depression, anxiety, psychiatric illness
- Support system (family involvement, caregivers, financial backup)
- Work status and financial stress due to illness
- Belief systems, religious or spiritual framework that shapes decisions
- Hopes and fears about treatment and prognosis

This segment is critical for:

- Planning **Satvavajaya Chikitsa** and counselling
- Ethical communication (how much information to share, with whom, in what order)
- Recognising when a dedicated psycho-oncologist or counsellor is needed

4. Ayurvedic-Specific History Components

Beyond standard oncology history, an Ayurvedic oncologist also documents:

4.1 Prakṛti And Vikṛti

- Doṣa-prakṛti (Vāta, Pitta, Kapha or combinations)
- Observed current vikṛti (doṣa aggravation pattern in this illness)

Prakṛti helps understand:

- Natural tendencies for certain cancers or side-effect patterns
- Likely tolerance to particular medicines and panchakarma

4.2 Agni, Āhāra And Koṣṭha

Ask about:

- Appetite (normal/increased/decreased, “I want to eat but can’t”, aversions)
- Digestion (heaviness, bloating, sour belching, gas)
- Bowel habit (frequency, consistency, presence of mucus/blood, urgency, tenesmus)
- Koṣṭha type: mṛdu, madhyama, krūra (historically, not just in illness)

These guide:

- Choice and dose of **Dhatu Pachak Vati** and other GI modulators
- Shodhana vs śamana eligibility in higher modules

4.3 Nidra, Manas And Ojas

- Sleep onset and continuity
- Night awakenings, nightmares
- Daytime sleep
- Anxiety, irritability, hopelessness, cognitive fog
- Signs of oja-kṣaya: extreme fatigue, frequent infections, emotional fragility

This influences:

- Timing of Rasayana, Neuro–Manas support (Brahmi, Brahmi–Shankhapushpi, Sangya Sthāpana Mahākāśaya)
- Psychotherapeutic pillar of Tri-Thera Spectrum

4.4 Previous Panchakarma And Strong Ayurvedic Therapies

- Any Vamana, Virechana, Basti, Raktamokṣaṇa in the past?
- Experience during and after these procedures

- Any severe adverse events?

In active cancer or post-chemo states, these details are crucial before planning any panchakarma-like intervention in higher levels.

5. Different History Styles For Different Clinical Situations

5.1 Newly Diagnosed Patient (Early Stage, Curative Intent)

Focus more on:

- Disease timeline, risk factors, comorbidities
- Performance status and organ reserves
- Expectations from Ayurvedic oncology (e.g., “support during chemo”, “reduce side effects”, “prevent recurrence”)

History here shapes:

- Safety of integrative support during full-dose allopathic treatment
- Long-term **terrain correction and Rasayana** strategy

5.2 Known Metastatic Disease, Ongoing Systemic Therapy

History focus:

- Current symptom burden (pain, breathlessness, nausea, sleep, mood)
- Organ function trends (liver, kidney, marrow) from previous cycles
- Tolerance to previous Ayurvedic or supportive measures
- Current goals of care (tumour control vs quality of life)

Here, history guides:

- Symptom relief priorities
- Safety boundaries for classical medicines
- Integration of palliative care and Satvavajaya

5.3 Advanced, ECOG 3–4, Palliative/End-Of-Life Care

History emphasis:

- Present suffering (top 3 symptoms)
- What the patient considers “intolerable” vs “bearable”
- Family expectations and understanding of prognosis
- Spiritual needs, unfinished tasks, wishes

In this setting, avoid overly lengthy interrogation; history becomes **focused and compassionate**, with priority on comfort and dignity.

6. Common Pitfalls In Cancer History (Ayurvedic Setting)

- Spending too much time on prakṛti and forgetting stage, ECOG, organ function
- Ignoring detailed treatment history (chemo/RT) and their toxicities
- Accepting vague statements (“all reports normal”) without checking or asking for documents
- Under-documenting psychiatric history, addictions and family context
- Over-promising on the basis of a “positive” prakṛti or ojas markers
- Not documenting clearly what patient has understood and what has been explained

A good Ayurvedic oncology history is **balanced**: biomedical + classical, disease-focused + person-focused.

7. Documentation Format (Suggested)

A simple clinical template can include:

- Identification and referral reason
- Presenting complaints
- History of present illness (timeline)
- Oncology treatment history (surgery, chemo, RT, others)
- Past medical/surgical history
- Drugs, allergies, prior Ayurvedic or alternative therapies
- Personal history (diet, addictions, occupation, lifestyle)
- Family history
- Psycho–social–spiritual history
- Ayurvedic history: prakṛti, vikṛti, Agni, koṣṭha, nidra, ojas, previous panchakarma
- Functional and performance status (ECOG/Karnofsky)
- Patient's and family's goals of treatment

This structured note becomes the **reference document** for all future modules of clinical decision-making, prescriptions and ethical communication.

8. Key Take-Home Points

- History-taking in oncology has to integrate disease details, treatment history, functional status, psycho-social context and Ayurvedic terrain assessment.
- A clear chronology of symptoms and treatments is essential to understand where the patient stands in both modern staging and Ayurvedic kriyakāla.
- Organ-specific vulnerabilities (liver, kidney, heart, marrow) discovered in history directly determine the safety and choice of Cytoveda formulations.
- Psycho–social–spiritual aspects and expectations from integrative care must be documented early, to guide ethical communication and Satvavajaya.
- A structured, repeatable history format helps maintain quality and safety across all Cytoveda clinics and makes later clinical reasoning transparent and teachable.

9. Review Questions

1. List the main components of a comprehensive oncology history and explain how they differ from a general medical history.
2. How does detailed chemo–RT treatment history influence decisions about Pachak Vati, Phalatrikadi and Rasayana use?
3. Which Ayurvedic-specific questions (Agni, koṣṭha, nidra, ojas) are most critical in planning integrative care for a metastatic cancer patient?
4. Describe how history-taking should be modified in an ECOG 3–4, end-of-life situation compared to a newly diagnosed, early-stage patient.
5. Identify three common mistakes Ayurvedic practitioners might make when taking history in cancer patients and how to avoid them.