



Medicina Chinesa em Oncologia I

Diagnóstico e Tratamento





黄帝问曰：余闻古之治病，惟其移精变气，可祝由而已。

Huang Di asked:

*“I have heard that, when the people in antiquity treated a disease,
they simply moved the essence and changed the qi.*

They were able to invoke the origin and any disease came to an end.”

Unschuld, Paul U., et al. Huang Di Nei Jing Su Wen: an Annotated Translation of Huang Di's Inner Classic - Basic Questions. Chapter 13. Univ. of California Press, 2011.



“If one wishes to know the essentials of death and survival, then it is in the complexion and the movement in the vessels that they are to be found.

The complexion is that by which a physician establishes correspondences to the sun.

The movement in the vessels is that by which a physician establishes correspondences to the moon.

To permanently search for these essentials, this, then, is the essential in the prediction of death and survival.”

Unschuld, Paul U., et al. Huang Di Nei Jing Su Wen: an Annotated Translation of Huang Di's Inner Classic - Basic Questions. Chapter 13. Univ. of California Press, 2011.

“(…) zheng as constellations were meant to capture the specificity of a unique illness episode. As such they became meaningful only within the signifying practices of individual heart/minds (心). This practice was built on the premise, initially developed from Neo-Confucian philosophies but subsequently intermingled with Chan Buddhist and Daoist ideas, that the properly cultivated heart/mind has the capacity of penetrating to the “coherence” (li 理) beyond the sensory world of phenomena. A broad-based familiarity with things, principles, and methods formed the foundation, but the goal was always the realization of knowledge in the context of concrete practice. Successful clinical practice was thus built on a succession of insights (wu 悟) rather than the knowledge of facts or the possession of techniques. As a recurring trope in scholarly medical discourse put it, only the capacity of flexibly adapting lifeless methods to the exigencies of continually emergent situations turned them into productive medicine that was truly alive and therefore effective.”

Scheid, Volker. “Convergent Lines of Descent: Symptoms, Patterns, Constellations, and the Emergent Interface of Systems Biology and Chinese Medicine.” *East Asian Science, Technology and Society: An International Journal*, vol. 8, no. 1, 2014, pp. 107–139.

Zheng 證/証 as	Created by	Practice	Ultimate Location of Effectiveness	Benefits	Risks
Indications	Imperial Pharmacy of the Song state	Patients match formulas with symptom patterns	Formulas	Cheap medicine for all	Diagnosis problematic without experience of physician
Constellations	Post-Song scholar physicians	Scholar physicians provide personalised medicine tailored to each individual illness episode	Heart/mind of cultivated scholar physicians	Truly personalised medicine	The self-cultivation required for best practice may be unachievable for all but a small few
Manifestations	Zhang Zhongjing	Physicians conversant with the texts of Zhang Zhongjing match classical formulas with classical formula patterns	Lineage	Small number of formulas with clearly defined practice-based indications	Han dynasty formulas and patterns may not match diseases at different times/places
Syndrome/patterns	2nd edition TCM textbooks representing 'tradition'	Physicians employ their own experience to diagnose and treat with patterns and formulas listed in TCM textbooks	Tradition	Allows for integration with Western medicine but also independent Chinese medical practice	The synthesis of agonistic styles of practice falls apart in practice
Disease types	Integrated Chinese and Western medicine	Physicians treat biomedical diseases on the basis of their differentiation into a small number of types	Unclear	Integration into biomedical practice	Chinese medicine becomes biomedicine
Bio-patterns	omics	Treatments administered on the basis of pattern typing confirmed by omics	Nature	Diagnosis independent of human subjectivity	Finding effective treatments for well-defined patterns



Contexto Clínico

#1 Utente sem diagnóstico de cancro, com desejo de prevenir o aparecimento; com familiares que têm ou tiveram cancro; com mutações genéticas identificadas, com ou sem tecido neoplásico maligno identificado – e.g. carcinoma ductal *in situ*, neoplasia intraepitelial cervical, pólipos intestinais.

#2 Utente com diagnóstico recente de cancro em estágio I, com ou sem terapêutica convencional iniciada.

#3 Utente com diagnóstico de cancro em estágio II, com ou sem terapêutica convencional iniciada.

#4 Utente com diagnóstico de cancro em estágio avançado (III e IV), com ou sem terapêutica convencional iniciada.

#5 Utente com diagnóstico de cancro em estágio terminal (IV), com ou sem terapêutica convencional iniciada.

Requerer relatório médico que prova haver um diagnóstico de cancro ou tumor maligno, i.e. citologia (#1-#2), historial clínico específico(#1-#4).



Bandeiras vermelhas

Normalmente em neoplasias não leucémicas, os sinais relacionam-se com problemas decorrentes de alterações nos sistemas de órgãos adjacentes:

- A presença de uma massa tumoral óbvia
 - Fadiga ou dor crónica
- A presença de uma ulceração que não cicatriza
 - Perda de sangue crónica
- Envolvimento do sistema nervoso central ou periférico
 - manifestado com convulsões, paralisia ou dor



Bandeiras vermelhas

- **Tosse ou rouquidão persistente**; sibilo unilateral sem infecção respiratória à auscultação – indicativo de cancro do pulmão.
- Uma **mudança na aparência de uma mancha ou lesão de pele** que se torna mais escura e se espalha – possível melanoma.
- Uma **mudança persistente no trânsito intestinal** – pode ser cancro colorectal.
- Uma **ferida que não cicatriza** - depende da localização: uma úlcera na boca pode significar cancro bucal.
 - **Dificuldade persistente em engolir** - pode indicar cancro esofágico.
 - **Hematúria sem disúria** – pode ser cancro do trato urinário.
- **Hematúria ou sangue no sémen com alterações urinárias** – pode ser cancro da próstata.
 - **Perda de peso inexplicável** - pode indicar um de vários tipos de cancro.



Bandeiras vermelhas

- **Perda de sangue vaginal** na fase pré/pós-menopausa – cancro uterino.
 - **Icterícia** – metástases hepáticas.
 - **Dor nos ossos** – metástases ósseas.
- Sangramento ou hemorragias anormais, nódulos, alteração na pele, retração dos mamilos, dor na mama, mudanças no tamanho das mamas, secreção no mamilo – pode indicar cancro da mama.
- **Região dura e sem dor no testículo** de um adulto jovem – pode indicar cancro testicular.
- **Gânglios linfáticos inchados** unilateralmente no pescoço, axila ou virilha – pode significar um linfoma.
- Estado mental alterado – tumor cerebral ou progressão de doença metastática.

Altered mental status in patients with cancer

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Affiliations + expand

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Abstract

Objective: To identify the causes of an altered mental status in a cancer population.

Methods: We studied 140 confused patients with cancer (100 prospectively and 40 retrospectively) between January 1, 1991, and June 30, 1992, to determine clinical findings, causes, and outcome.

Results: All patients had non-central nervous system cancers. The most common primary cancer types were lung (20%), gastrointestinal tract (18%), leukemia and lymphoma (17%), and breast (11%). Median patient age was 73 years, and 49% were men. Disseminated systemic metastases were present in 50% of patients; 34% were confused at hospital admission and 66% developed confusion during hospitalization. Symptoms included lethargy or coma in 61% of patients, agitation in 44%, disorientation in 83%, lateralizing signs in 41%, delusions or hallucinations in 28%, and seizures in 9%. A single cause of the altered mental status was found in 33% of patients, whereas 67% had multiple causes. Drugs, especially opioids, were associated with altered mental status in 64% of patients, metabolic abnormalities in 53%, infection in 46%, and recent surgery in 32%. A structural brain lesion was the sole cause of encephalopathy in 15% of patients. Although delirium improved in 67% of patients, it was a poor prognostic factor for overall outcome. Thirty-day mortality was 25%, and 44% of patients died within 6 months, usually from progression of the underlying cancer. Prolonged delirium suggested infection or coagulopathy. Younger patients and those with hypoxemia or kidney or liver dysfunction were more likely to die ($P < .05$).

Conclusion: Patients with cancer usually have multiple causes of delirium, many of which are treatable, with rapid improvement in their cognitive status.



Diagnóstico

Determinar uma estratégia adequada para o paciente envolve uma avaliação integrada usando os quatro métodos de diagnóstico e qualquer informação considerada relevante.

Índice de Desempenho de Karnofsky ou Karnofsky Performance Status Scale (KPS)

- A escala de Karnofsky classifica os pacientes de acordo com o grau de suas inaptidões ou deficiências funcionais.
- Pode ser utilizada para comparar a efetividade de diferentes terapias e para permitir prognóstico de pacientes individuais.

Escala de Karnofsky

100%	Sem sinais ou queixas; sem evidência de doença.
90%	Mínimos sinais e sintomas; capaz de realizar suas atividades com esforço.
80%	Sinais e sintomas maiores; realiza suas atividades com esforço.
70%	Cuida de si mesmo mas não é capaz de trabalhar.
60%	Necessita de assistência ocasional; não é capaz de trabalhar.
50%	Necessita de assistência considerável e cuidados médicos frequentes.
40%	Necessita de cuidados médicos especiais.
30%	Extremamente incapacitado, necessita de hospitalização, mas sem iminência de morte.
20%	Muito doente, necessita de suporte.
10%	Moribundo, morte iminente.



Measure	Ref	Dimensions
Brief Fatigue Inventory	7	Severity Interference
Cancer Fatigue Scale	9	Physical Cognitive Affective
Fatigue Symptom Inventory	14	Severity Frequency Diurnal variation Interference
Multidimensional Fatigue Inventory	11	General Physical Mental Reduced activity Reduced motivation
Multidimensional Fatigue Symptom Inventory	12	General Physical Emotional Mental Vigor
Revised Piper Fatigue Scale	8	Behavioral/severity Affective meaning Sensory Cognitive/mood
Revised Schwartz Cancer Fatigue Scale	10	Physical Perceptual

Instrumentos de Avaliação Multidimensional da Fadiga

- A fadiga tem crescido em importância entre os pacientes com doenças crônicas, apesar da dor ser um sintoma prevalente. A fadiga é a sensação duradoura de fraqueza, falta de energia, cansaço ou exaustão.
- <https://www.sralab.org/rehabilitation-measures/fatigue-severity-scale#>



Palliative Prognostic Score (PPS)

Parameter	Criteria	Partial score
Dyspnea	SI/ NO	1 / 0
Anorexia	SI/ NO	1.5 / 0
Karnofsky Performance Status	≥ 30	0
	≤ 20	2.5
Clinical prediction of survival (weeks)	> 12	0
	11-12	2
	9-10	2.5
	7-8	2.5
	5-6	4.5
	3-4	6
	1-2	8.5
Total WBC/mm ³	4.800-8.500	0
	8.501-11.000	0.5
	> 11.000	1.5
Lymphocyte %	20-40 %	0
	12-19.9 %	1
	0-11,9 %	2.5
Total score		_____

Palliative Prognostic Score

Prediz a probabilidade de sobrevivência ao fim de 30 dias após diagnóstico.

www.mdapp.co/palliative-prognostic-score-pap-calculator-401

Risk group	PPS score	30 day survival
A	0 - 5.5	> 70 %
B	5.6 - 11.0	30 – 70 %
C	11.1 - 17.5	< 30 %



Contexto Clínico

Suporte complementar ao tratamento convencional, n/e.

- Promover a remissão.
- Mitigar impacto das reações adversas ao tratamento convencional ou sintomas associados à progressão do cancro:
p.e. fadiga, dor, perturbações digestivas, alterações emocionais.
- Aconselhamento acerca de fitoterapia e nutrição.

Terapêutica primária num estágio inicial, n/e.

Os utentes podem procurar a nossa ajuda em qualquer fase do processo.

É importante estabelecer antes **qual é o objetivo do tratamento**.

