



SRJAN

Comprehensive Cancer Care Program for cancer patients

An Impact Analysis

Objective: To evaluate the effectiveness of the Srjan program on a group of beneficiaries.

Research Methodology

Holistic healing

The main goal of traditional healthcare is to identify and treat particular illnesses or symptoms, frequently with the use of drugs and other medical procedures. However an Integrated Approach towards cancer care is required to heal a patient completely out of this disease.

Importance of holistic healing in cancer care

Medical treatments like chemo and radiation are proven to fight the disease, but their side effects can be hard to live with. A holistic treatment eases out the journey of the cancer patient and therefore ensures that the patient completes the treatment and is cured of the disease. The key to recovering from cancer lies in a multi-pronged approach. It is only when one is equipped with the right knowledge and learns the right tools to work on the body and the mind simultaneously, that a complete recovery from cancer may be possible.

How it is implemented

Inception about SLBC

A non-profit organization, Sanjeevani ... Life Beyond Cancer, is an award-winning registered Public Trust devoted to enriching the lives of cancer patients and raising the bar of cancer care in India. It was founded in 2012 by Ms Ruby Ahluwalia, a former Bureaucrat who is also a cancer survivor of stage 3 metastatic cancer.

Sanjeevani...Life Beyond Cancer is a pioneer in the field of Integrated cancer care in India and presently works in 30 Super speciality Cancer Hospitals of the country across 15 States in India. It works on the whole spectrum of cancer care space and is the only Full stack cancer care care Organization working in Pan India. It has worked with more than 12 lac patients since its inception through its various Programs. All these Programs provide long term innovative

solutions to cancer patients. They are all scalable and replicable. Skilling cancer survivors to become trained professional cancer caregivers,

Flagship programs

- **CanSahyogi** - Providing psycho-social support to cancer patients
- **Satori** - A Comprehensive cancer care Program for patients
- **Srjan** - An Integrated cancer care Recovery Program
- **CanSaarthi** - Skill development program
- **Can-Chetna**- A Mass Awareness Initiative
- **Can Ahaar** – Nutritional Supplement Program for underprivileged cancer patients
- **Can Vaarta** – Conversations around cancer

SRJAN is one of the programs by Sanjeevani Life Beyond Cancer that opens the gateway to holistic wellness. Designed to empower a patient with practical knowledge and skills, this program addresses modern health challenges through a blend of traditional wisdom and contemporary science. Whether it is to boost immunity, manage stress, or simply lead a healthier lifestyle, the SRJAN Program equips one with the tools to make lasting positive changes.

It is a 21-session (duration of each session is 1.5 hours to 2 hours) offered Online through interactive sessions by some of the senior most experts in the country.

Understanding Integrative Cancer Care Strategies:

- Understanding Integrative Cancer Care Strategies
- Side Effects of Medical Treatment during Cancer
- Nutritional Strategies for Fighting Cancer
- Unveiling the science of yoga asanas and pranayamas
- Role of breathing in building immunity
- Mental health and its impact on the body's biochemistry
- Building positive mental constructs
- Understanding and Management of Side Effects

- Right foods, time, and combinations to eat
- Learning specific yogic practices to fight cancer
- Tools to reduce anxiety and fear
- Creating narratives for a healthy life
- Cultivating Mind-Body Harmony

Program design

The program is conducted virtually over zoom wherein participants join from their respective places; a representative of Sanjeevani Life beyond Cancer coordinates with the facilitator for the program. After the initial orientation the facilitator is requested to take over the session. The facilitator then conducts the session in the area that they have expertise in by providing information and conducting practice sessions for the participants. Participants are free to ask questions at the end of the session and in case of any discomfort they are allowed to withdraw themselves from the session.

Pre and Post screening

Pre-screening is conducted prior to the course in a one to one session with the patients and the responses and other personal details provided by them are kept confidential and after the consent of the patients a self developed screening tool on the basis of parameters catered during intervention is administered.

Questions were asked to the respective participants in their local language and the respondents were asked to rate their concerns on a 11 point likert scale ranging from 0-10,

The same process was repeated during post screening after entire interventions were delivered to the respondents through the Program.

Questions:

- 1. Rate the level of pain experienced on 0-10 point scale where 0 means no pain and 10 means extreme pain*
- 2. Rate the level of difficulty in falling asleep on 0-10 point scale where 0 means no pain and 10 means extreme pain*

3. *Rate the level of fatigue experienced on 0-10 point scale*
4. *Rate the difficulty faced in memory and concentration on 0-10 point scale*
5. *Rate your concern with regards to changes in eating*
6. *Rate the level of worry and anxiety experienced on 0-10 point scale*
7. *How often do you experience sadness and depression on 0-10 point scale*
8. *How often do you feel that you have loss of interest and enjoyment on 0-10 point scale*
9. *Rate your level of fear on 0-10 point scale*
10. *Rate the level of loneliness that you experience on 0-10 point scale*
11. *Rate Your level of anger on 0-10 point scale*

Statistical analysis

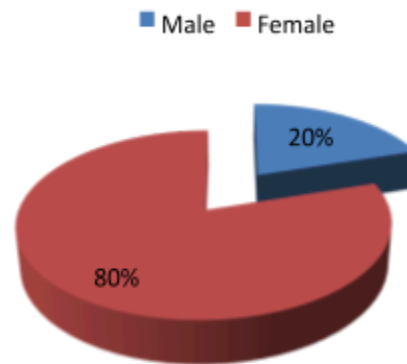
After administration of the tool to patients their ratings were taken and scores were obtained. The data was cleaned and coding was done for different categories in MS. Excel. Statistical Package for social sciences (SPSS) was used to analyze the data statistically, first normality of data was checked, frequencies and descriptive statistics were assessed. Tests that were used were Friedman's test of K related samples were done to measure the level of significance.

Results

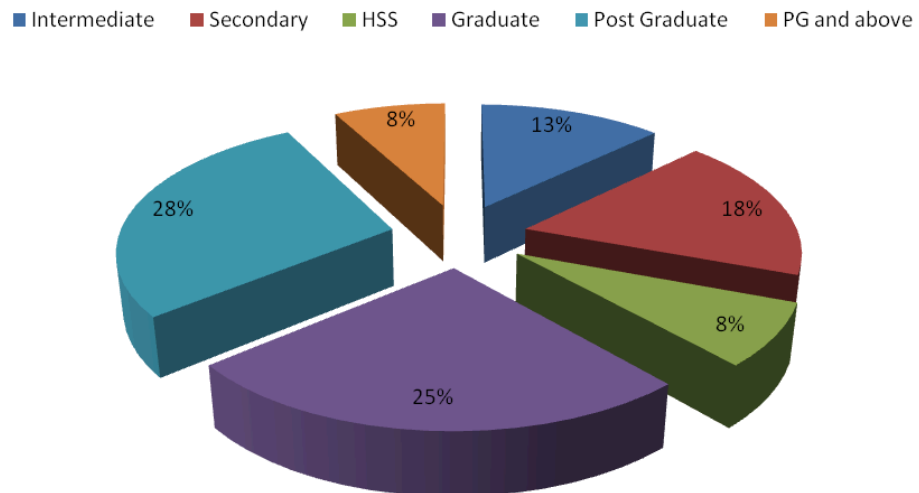
The total number of participants from whom data was collected was 39, out of which 8 were males, 31 females. Mean age was 51.46, SD=11.97; median age was found to be 52.00. Minimum age was 32 and maximum age was 83. The categories of types of cancer were 13 patients diagnosed with Breast cancer, 1 Liver cancer, 1 Lungs cancer, 1 Metastasis, 3 were diagnosed with Myeloma, 9 were Ovarian cancer patients, 1 Oral cancer patient, 2 were diagnosed with Prostate cancer, 1 was Stomach cancer patient, 2 were Lymphoma and 2 were diagnosed with CML Leukemia and 3 were not aware. With regard to level of education 5 have completed intermediate education, 7 have completed secondary education, 3 were HSS pass, 10 were graduate, 11 were post graduate and 3 were post graduate and above. In terms of the marital status of patients, 5 were single, 31 were married and 3 were widow/widower. Data with regards to occupational status suggests that 21 were unemployed, 2 were in plant and machine operation and assembly, 3 were skilled workers, 7 were technicians and associate professionals and 6 were

professionals. The above socio-demographic data of the participants is summarized in the pie charts below:

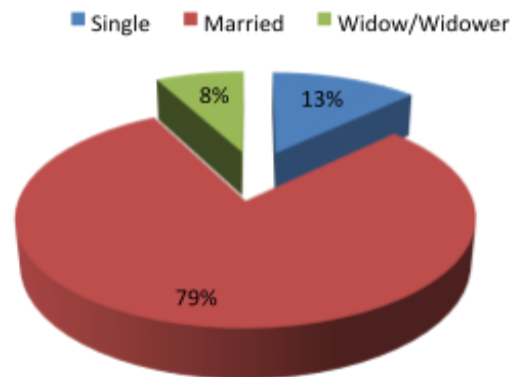
Pie chart 1.1 showing percentage of patients with regards to gender



Pie chart 1.2 showing Percentage with regards to level of education



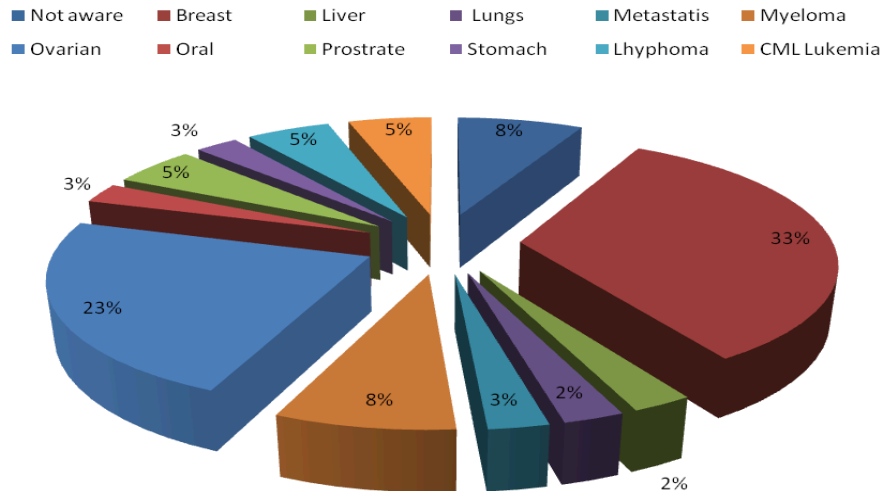
Pie chart 1.3 showing Percentage with regards to marital status



Pie chart 1.4 showing Percentage with regards to occupational status



Pie chart 1.5 showing Percentage with regards to type of cancer



Data were analyzed using SPSS and results were obtained. Results suggests that pre-score of pain was found to be $N = 6.76$ corresponding to standard deviation of 1.402 which indicates that pain score was relatively higher, after giving the intervention when post screening was assessed the pain scores were seen to be reduced to $N = 3.42$ corresponding to standard deviation of 0.60. With regards to sleep the pre-score was $N = 7.11$ with $\pm SD = 1.39$ that conveys that sleeping difficulties were higher during pre screening, a reduction in sleeping difficulties were observed in scores obtained during post screening i.e. $N = 3.5$ with $\pm SD = 0.775$. Higher levels of fatigue were noticed during the pre screening resulting in pre score $N = .24$ with $\pm SD = 1.49$, these scores were found to decline after intervention resulting in post score of fatigue $N = 3.14$ with corresponding $\pm SD = 1.046$. Pre-score of memory and concentration was found to be $N = 6.81$ corresponding to standard deviation of 1.126 which indicates that problems in memory and concentration were relatively higher, after giving the intervention when post screening was assessed the scores were seen to be reduced to $N = 3.42$ corresponding to standard deviation of 0.60.

Pre score of changes in eating was found to be $N = 7.89$ with $\pm SD = 1.308$ which indicates that problem related changes in eating were relatively higher during pre screening, the given scores in

this area were observed to decline after intervention resulting in post score $N = 3.5$ with $\pm SD = 0.878$. Pre-score of $N = 7.32$ with $\pm SD = 1.49$ indicates higher level of worry and anxiety prior intervention; however these scores were observed to reduce to $N = 3.56$ with $\pm SD = 1.081$ in post screening after intervention. Pre-score of sadness and depression was found to be $N = 6.54$ corresponding to standard deviation of 1.238 which indicates that level of sadness and depression were relatively higher, after giving the intervention when post screening was assessed the scores were seen to be reduced to $N = 2.78$ corresponding to standard deviation of 0.63. Pre-score of loss of interest/enjoyment was found to be $N = 7.03$ corresponding to standard deviation of 1.60 which indicates loss of interest/enjoyment were relatively higher, after giving the intervention when post screening was assessed the scores were seen to be reduced to $N = 4.69$ corresponding to standard deviation of 1.67. Pre-score of fear was found to be $N = 6.41$ with $\pm SD = 1.21$ which indicates that fear was relatively higher during pre screening, the given scores in this area were observed to decline after intervention resulting in post score of $N = 3.86$ with $\pm SD = 0.89$.

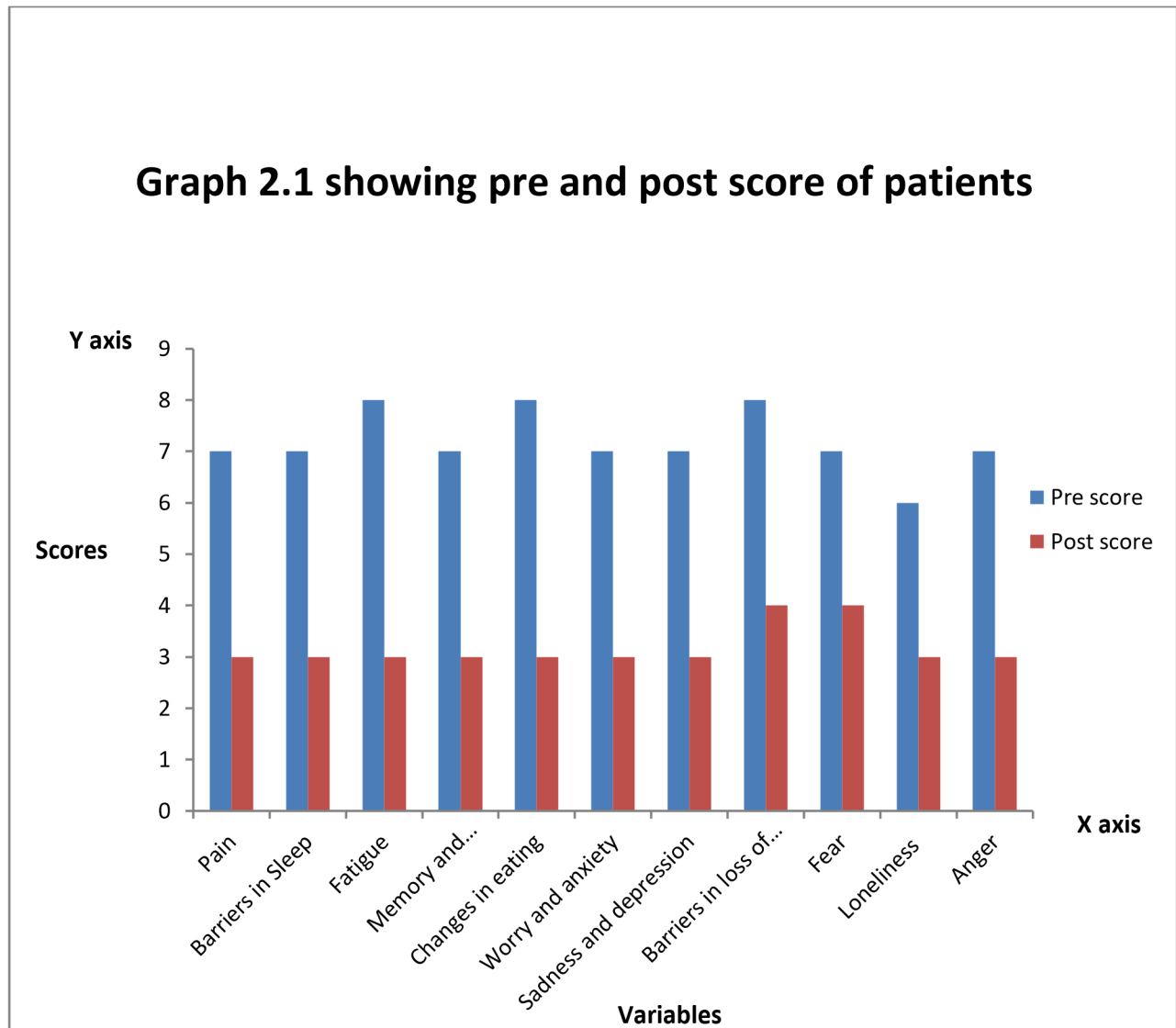
During the pre screening, the loneliness score was $N = 6.05$ with $\pm SD = 1.05$ which indicates that the level of loneliness was relatively higher during pre screening that was done before intervention, these scores declined to $N = 3.14$ with $\pm SD = 0.99$ during post screening after intervention was given. Lastly for Pre-score of anger was found to be $N = 6.62$ corresponding to standard deviation of 1.13 which indicates that level of anger was relatively higher, after giving the intervention when post screening was assessed the scores were seen to be reduced to $N = 3.47$ corresponding to standard deviation of 0.77.

Interpretation

With reference to above results obtained it can be interpreted that decrease in post score of pain indicates that Intervention has worked positively to reduce pain, with regards to sleep, reduction in scores suggests that Intervention has worked positively to reduce the barriers affecting quality of sleep. Intervention has worked positively to reduce fatigue among patients. Reduction in score of memory and concentration suggests that Intervention has worked positively to reduce distractions affecting memory and concentration. Intervention has helped patients positively to adapt better eating habits. It was also noticed that the given intervention has a positive effect in reducing worry and anxiety among patients. Similarly intervention has positively resulted in

reducing sadness and depression. With regards to loss of interest/enjoyment it has worked positively in reducing the barriers affecting enjoyment and to give time to activities interested in.

Similarly for other areas such as fear, loneliness and anger intervention has resulted in reducing fear, loneliness and anger. The findings of pre and post scores are summarized in graph below:



Referring to the above interpretation and given scores of results it can be concluded that the multiple-interventional program (SRJAN) has helped the patients.

Conclusion

The aim of the program was to evaluate the effectiveness of **Srjan** - Comprehensive cancer care Program on a group of beneficiaries of the Program.

The results indicate that the holistic healing program delivered to the respondents has significantly reduced the scores on the parameters pain, sleep, fatigue, memory and concentration, changes in eating, worry and anxiety, sadness and depression, loss of interest/enjoyment, fear, loneliness and anger.