



Cancer

INTRODUCTION: You will recollect that in the previous NJH issue, we printed a Cancer Performa for readers to respond. Later, in May 03, a conference was organized by Dr Banshi Dhar. The proceedings of this conference have been sent to NJH in a CD + Souvenir. From these, NJH has prepared a report for you.

The beginning of my interest in Cancer, Dr Banshi Dhar writes was when I went to London. I read a bold news item, namely, "Lords puncture Myths of Alternative Medicine" published in The Times Wednesday November 29, 2000. I was dismayed to read that only osteopathy, chiropractic and acupuncture are backed by scientific evidence. The evidence on herbal medicine is mixed, and that on homoeopathy anecdotal. For use of highly diluted medicines, bigger trials are needed to prove any effect"

The value judgment on the homoeopathic system of medicine given by the Lord's Committee set my head whirling and shivers down my spine. To read thus about Dr Hahnemann's holistic and gentle art of healing, namely Homoeopathy, based on nature's Law of cure, which has survived for over two hundred years, has spread far and wide across continents- and, above all, has imparted lasting and permanent relief or cure to suffering humanity of their chronic ailments!

I have deep appreciation for Modern System of Medicine, Allopathy, for its remarkable advancements in the field of Diagnostics and Therapeutics, in the field of Surgery and, for life saving treatment for various criti-



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cal diseases. But no one can dispute that such treatment has brought into its trial unimaginable adverse effects, often beyond repair or reversal.

I sent a copy of above news item to all the eminent Homoeopaths in India and also to Appropriate Institutions and Government quarters. But I received no response. This only stirred me to search for an answer, myself. Dr Hahnemann revised and amended the Organon of Medicine six times in his life time, based on practical clinical experience and experimentations spanning fifty years of clinical practice.

In all fairness, there should be no two opinions that Homoeopathic System of Medicine, over the last two hundred years, has won laurels in the field of Therapeutics for several chronic ailments, besides giving quick relief in acute affections, with least adverse effects. Let me hasten to add the abuse or misuse of Homoeopathic Medicines at the hands of untrained, unqualified or ill-equipped Homoeopaths can equally result or bring about adverse effects beyond repair or reversal.

THE OPPORTUNITY:

The Almighty soon gave me an opportunity: my own Brother-in-Law fell a victim to cancer of Larynx with metastasis to the oesophagus and surrounding tissues. He was given up by LNJP Hospital after trying Radio-Therapy. Surgery was ruled out. Chemotherapy could not be given, as the patient was too weak and emaciated. I was introduced to Dr Pankaj Bhatanagar, who was kind enough to visit the patient and assure recovery. The patient, who could not swallow a drop of water and was given a maximum three months, started recovering fast. He was able to eat and move about with ease!! Thus convinced, I started attending his clinic from September 2002: verifying the records of Cancer cases. The results were astounding! The remarkable part was the management plan and use of Indian herbs prepared homoeopathically, plus regular Homoeopathic medi-



cines. We are lucky to have in our country a rich resource of medicinal herbs for such fatal affections.

Thereafter, I sent a semi-official letter to prominent Homoeopathic Practitioners and to concerned Government Institutions and Departments, requesting a pooling of clinical data to showcase and prove the efficacy of the Homoeopathic System of Medicine in cure of inveterate diseases and Cancer.

I called upon all concerned to cooperate wholeheartedly with the Board of Homoeopathic System of Medicine Delhi in its endeavors and furnish the requisite data in regard to treatment, relief or cure of Cancer cases, supported by CT Scan/MRI/Cancer markers reports etc. We have received a few responses in this regard; relevant ones are being published in the Souvenir.

May I state in a frank and candid manner that all Systems of Medicine including Allopathy, etc. have their own Pharmacopoeia, parameters for verification of efficacy of their medicines etc. The uniqueness of Homoeopathy lies in the fact that homoeopathic medicines have been/are proved on/and used on human beings and thus, their efficacy is otherwise established. Its uniqueness lies in its concept of Vital Principle (Vital Force) – dynamis vibrating the material human organism. Therefore, the methodology for verification of efficacy of any drug used in homoeopathy and prepared homoeopathically, cannot be the same or/and uniform in so far as any other system of medicine is concerned. Nor would it be fair or impose any such standard parameters for Homoeopathy.

HOMOEOPATHIC REMEDIES USED IN PALLIATION:

Calcarea-aceticum, Calcarea-arsenicum, Cadmium, Cholesterinum, Carbo-animalis, Heloderma, Ferrum, arsenicum, Scrophularia-nodosa, Kali-iodatum, Natrum-acodylicum, Kali-cyanatum, Cadmium-iod, Cadmium-metallicum, Cadmium-sulphuricum

FEW CASE REPORTS:

Kiran Devi, Kaurr, K Dwivedi: All suffered from Ca gall bladder diagnosed on imaging; were in various

hospitals in Delhi and were declared inoperable and given a life span few weeks. They presented with increasing icterus and complete anorexia.

Cholesterinum 3x TDS

Jaundice improved dramatically and appetite returned to normal

Narender and Dwivedi survived comfortably for 6-8 months, Kiran Devi is fine and healthy, living near normal life, more worried now for her osteoarthritic knees!

It is said that over 75% of gall bladder carcinomas are unresectable at the time of surgery, the 1 year mortality rate for unresectable disease is approximately 95% and only 5% survives for 5 years. Results of trials with radio therapy and chemotherapy have been disappointing.

PARAMJEET: Inoperable Ca pancreas

Iodum 30/1 dose followed by *Calc-ars 6/TDS*. Wt gain from 44 kg to 46 kg. She says I am fine, comes to clinic and works at home too; she is 65 years.

It is said that mean survival for patients whose pancreatic cancers are surgically unresectable is approximately 5 months.

Mr A K LAL: Ca stomach with omental metastasis; declared inoperable,

24.12.01 *Cadmium-sulph 6 TDS*

9.3.02 Sub-acute intestinal obstruction

Raphanus 6/2 hrly: improved. Died Jan, 03 of a natural death.

K B CHAND: Ca-stomach with paracolic lymphadenopathy

Developed pancreatitis, septicemia, DVT, pneumonia
18.7.02 wife came for medicine to control septicemia, ascetic with 1700 ml tap *Cadmium-sulph 30 Pyrogen 30*

25.07.02 Ascetic tap 125 ml, discharged from hospital and doing well on *Cadmium-sulph 30 TDS*

SHEELA DEVI: Diagnosed case of Carcinoma tongue



in 1996; is on homoeopathy only, no surgery, radiotherapy and chemotherapy. *Kali-cyanatum* 30 TDS. Only in last 2 months she developed difficulty in swallowing. Died peacefully on 18.3.03. Her son-in-law died of the same disease in just 1 year of diagnosis and after having taken every modality of treatment.

Despite advances in the treatment of cancer and significant improvement in the functional results in carcinoma of tongue, the overall mortality at 5 years has remained surprisingly constant.

CANCER'S SEVEN WARNING SIGNALS:

- Change in bowel or bladder habits.
- A sore that does not heal.
- Unusual bleeding or discharge.
- Thickening or lump in breast or elsewhere.
- Indigestion or difficulty in swallowing.
- Obvious change in wart or mole.
- Nagging cough or hoarseness.

CONCLUSION: Above few cases are testimony to the efficacy of Homoeopathy in adding comfortable life at this terminal stage, economically, peacefully and respectfully.

TRAUMA: An important exciting cause of Cancer.

-Dr P S RAWAT

CASE: A teenager while cutting vegetables with a kitchen knife, cut his left finger. Soon a big hard swelling developed on his left upper arm. Doctors in a govt hospital diagnosed it as cancer and advised amputation of the arm. The parents instead took him to a quack, who incised the swelling and sprinkled a toxic mixture on the wound.

Gradually the whole limb got enormously swollen and oozed abnormal serous discharge. Physicians of other alternative system of medicine also failed. The progress after the incision was so rapid that the boy died within six months of the primary injury to his finger.

(Editor: Cancer or Gangrene?)

CASE 2:

A teenager, driving a motor cycle, was suddenly stopped by some lads in a city market, to offer him "Sharbat" on a religious day. He could not control the vehicle and fell down. His viscera were severely traumatized. Splenectomy was performed. He had bled profusely and needed massive blood transfusion only. 10 years after this incident, the boy developed Appendicitis-like pain; appendectomy by a private surgeon. In a couple of months a large nodular swelling of lymph node on the right neck developed. Investigations revealed carcinoma of right kidney. Nephrectomy at a medical college hospital helped subside the swelling, but USG report showed infiltration in the surrounding visceral lymph nodes and liver.

Then started the low-grade fever not subsided by anti-pyretics. One day, the temperature rose to 104 F with cramping pain in the belly. Doctors of alternative system of medicine brought down the temperature and the pain but the patient developed severe Jaundice, Ascites, loss of appetite, nausea and vomiting. Patient often admitted in the hospital for Tapping of Ascetic fluid. Patient tremendously weakened and moribund for some days, then died.

Mr RAJA PAHALWI, the late Shah of Iran, developed cancer some time after his deportment. Probably caused from the severe shock, and trauma of the dethronement and deportation to an alien country as a refugee. In spite of the best available treatment, he died of cancer. (As reported in media)

BEGUM NUSTRAT BHUTTO, widow of the former Pakistan Prime Minister, Zulfikar Ali Bhutto, developed cancer soon after her husband was hanged to death. She might have been tormented during her husband's trial and hence got traumatized. Post-diagnoses, she was treated successfully, remained very much active in public life for a few years and is still leading a normal life. -(As reported in media)

The late cine artist, **SANJEEV KUMAR** (Hari Bhai Jariwala,



Mumbai, India) was a bachelor whole life. He was very much attached to his mother, whose cherished desire was to see him married. But Sanjeev Kumar could not find the lady of his choice. His mother died without her cherished desire fulfilled. The Trauma of not fulfilling his mother's wish could have caused cancer. He died despite the best available treatment, which he might have received. -(As reported in media)

(Editor: He died of heart failure. These was a F/H a strong family.)

CASE:

The case of a lady of 50+ age. She was suspected cancer of bowel but could not diagnosed as she refused to undergo the biopsy test to confirm. Instead of pathological investigations, she chose an Alternative system of medicine. As luck would have been, she got right kind of treatment, at the right time and was saved from actual cancer and certain death. Her story goes thus:

Mrs Y K 50y. Her husband was a gazetted officer in a state govt service. She had 3 grown up daughters. Two of them married well. The third was an engineering graduate and of marriageable age.

The lady once suffered from loose motions. She consulted an allopath postgraduate degree holder but could not be cured. Rather, the disease took a chronic course towards dysentery. Referred for biopsy, suspecting bowel malignancy. As earlier, to avoid biopsy, she consulted the writer, for homoeopathy.

On the basis of presenting symptoms narrated by the patient, she got relief with the very first prescription, but the symptoms subsequently relapsed.

Once when her husband came alone, he reminded me about family history of cancer.

On her next visit, I examined the case afresh.

She was a gentle looking and mild natured, fair in complexion, medium built and a graduate. She told me that she had no worry or tension of any kind except that her husband hardly talked to her. Otherwise he was very

talkative and friendly with daughters as well as who ever came to their house.

Her only grievance was that she sacrificed her education for the sake of the family's or gave due credit but her husband never paid her due attention.

Infact, she needed caressing which normally is not possible in advanced age. In other words she was being traumatized and proceeding towards cancer of the bowel or the rectum. The medicine was selected on the basis of her mental state and not only her physical ailment of dysenteric stools. She became all right and her mental trauma also got cured. Later, she was given a medicine based on her family history to get removed her cancer diathesis. There after no relapse for nearly ten years now.

(Editor: the name of the medicine has been inadvertently omitted. We request the author to write in and it will be published in next issue. Or it is a secret? Talking of secrets, I often get requests for printing articles and cases eg most recently of Retardation and leucoderma, saying they will not divulge the treatment as it is their own labour and work!! Where would we have been if all our masters had adopted the same approach?? Progress of mankind is only based on sharing and handing down from one generation to the other.)

The above cases of cancer fall mainly in two categories:

(1) the reversible and (2) the irreversible stages of the disease.

The patient who responds to any kind of treatments, medicinal or surgical, and remains well for a long time belongs to reversible stage of the disease pathology. Those who do not respond to any kind of treatment and ultimately die due to the disease, belong to irreversible stage of the disease pathology.

ABOUT CANCER – Dr W E JACKSON MD

One need not be surprised to learn that cancer is not a disease in itself but is the outcome of some kind of internal disturbance that takes place at the mental/physi-



cal planes as a result of trauma- physical, mental or both and where there is perverted attempt of the natural healing of the body. Actual disease is already in the whole system and to contain it, the body tries to localize it. which is the so called cancer.”

Some of the cancer cases mentioned above were treated successfully while a few could not be. Although each case seems different depending upon the age, sex and cell-tissue, organ involved, there are many common features in cancer patients such as unbearable pain, anxiety-restlessness, fear of death, protracted illness, cancer, cachexia etc. Most of the cancer patients have one thing in common; that is their stamina or the endurance to tolerate sufferings.

It can be safely concluded that cancer is the outcome of the exciting cause; the trauma and the great bearing power of the person concerned. In other words, we can say that the cancer is the ailment afflicting those whose body did not suffer much physically or mentally in the past and thus reacts more vigorously to any kind of exciting or triggering factor. Had their trauma bearing power evolved as in the case of other people who suffered from one or other kind of trauma previously, their trauma bearing mechanism would have been well adapted.

“The law of causation teaches that no internal effect can arise without any external cause and that effect itself in turn a cause of further changes.

Dr STUART CLOSE WRITES: The law of vis-intertie (internal constitution) teaches that all the changes of bodies in nature are the result of an external cause, for without this all bodies would remain in the same state in which they are placed.

“Disease resulting from mental or physical trauma occur as a result of toxic chemical or physical changes that take place in the fluid and tissue of the body through the medium of nervous system, which react to the morbid impression of a violent or long continued mental emotion in the same way that it reacts to any other dynamical disturbance”.

After studying 16 cases of cancers, Dr James Hamilton concludes that in all cases there were psychological symptoms resulting from mental tension before the development of the cancer. He also noted that symptoms of cancer worsened with severe emotional stress.

“Most purveyors? for health care will declare that the cause of cancer is not known. Which is an outright untruth. The only cause is faulty metabolism of the whole body, hut the underlying factors may be and usually are multiple and can be numbered in billions.”

Genetic research has identified some cancer genes in every cell of the body of every person termed as ‘oncogenes’ or cancer producing genes. These oncogenes remain dormant until activated by any kind of trauma and then undergo mutation leading to abnormal and independent growth of cancer.

But all those who are traumatized, do not always become cancer patients. Herein comes the role of individuality which depends upon: the nature or temperament, body build up or constitution, likes and dislikes, habits, body resistance or immunity, susceptibility, family history or heredity, the age, the sex, food and drinks, environment, the way one performs any thing etc. To support my view point, I would like to explain some of the common cancers.

Dr S K SHARMA WRITES:

1. Cancer of Gall bladder develops in those already suffering from cholethiasis ie gall stones due to the constant irritation by the stones on the inner lining of the gall bladder. The fact that not a single case of cancer of gall bladder has been detected without the presence of gall stones justifies this presupposition.
2. Cancer of Prostate is found mostly in old age with incidence increasing due to increased longevity of the males.

Cancer of prostate develops due to insidious but repeated trauma to prostatic part of the urethra while performing (faulty) coition.. In forceful sexual act, prostatic part of the urethra strikes over hard bony pelvis time and again and gets hurt. Moreover, rou-



tine sexual activity during climacteric period not only causes profound mental and physical exhaustion; but also soreness of the body particularly the head-leading to loss of scalp hair (due to synthesis of Dehydrotestosterone) and work hypertrophy of the prostate gland and at times metaplegic (precancerous) and neoplegic (cancerous) condition.

3. Similarly, glans penis may also get traumatized if the cervix of the female is hard enough. And if the depth of the vagina, despite its flexibility, is short as compared to penis.
4. Contrary will be the result if cervix is soft and is hurt repeatedly by glans penis during coition, parturition and DNC's.
5. Breast cancer is a common occurrence in elderly females. Breasts play dual role:
 1. Secretion and ejection of the milk ie lactation.
 2. As secondary sexual organ, to attract opposite sex and arouse sexual instinct and instrumental in arousing sexual desire in female on stimulation.
6. When the act is vigorous, like physical assault, it leads to trauma to the breast tissues, nodes or lumps in breasts soft or hard depending on intensity and 7 of trauma.

Dr SATISH JAIN MD

In young, healthy females, the repair process is spontaneous and rapid owing to rich blood supply. But gets slowed or stopped in menopausal age: 35 to 55 years, due to the withdrawal of the female sex hormones, mainly oestrogn, deficient blood supply subinvolution of the breasts. The effect of trauma may persist in the form of nodes, nodules or lumps which gradually become bigger and harder get acute pain on mere touch; undergo metaplasia transformation and finally FNAC may pronounce it cancerous.

CASE:

A healthy lady with robust husband, consulted me 15 years ago for some ailment. He also narrated his wife's unabated sexual desire. After four grown-up children,

she developed cancer of cervix at 40+ age. I was consulted only at the last stage of the disease. At that time too, her elder brother-in-law told me about her excessively sexy nature. The patient was given palliatives medicine help. She remained bed ridden for some time in a very pathetic condition and ultimately died.

Cancer of lips, mouth, tongue, oesophagus, stomach, larynx, trachea, lungs are caused by anything chewed, caten or smoked that constantly irritate/injure the mucous membrane of the organ concerned; Intake of excessive cold food or drinks which peels or deadened mucous lining but gets repaired through normal physiology. In case of frequent trauma, the injured tissue gets transformed and may turn malignant.

“Wrong eating and drinking habits are among the major causes of cancer of the food pipe”.

Dr W E JAKSON MD

“In case of bowel cancer, constipation is certainly an underlying factor and does produce injury to these tissues.” It is therefore imperative to keep the bowel free from constipation.

DIAGNOSIS:

Keeping in view the most probable exciting cause of the cancer and its pathology, the diagnosis of any node, nodule, or lump should therefore be done in such a harmless method that no further injury is caused to the already traumatized cell-tissue Hence both FNAC and tissue biopsy fall in the category of Trauma - through aspiration or separation of the tissues which accelerates journey towards irreversible pathology. Therefore it is not always advisable to undergo pathological diagnosis in every suspected case, especially when definite history of recent trauma and family history of cancer. “It is also true that the diagnosis once confirmed through any of the above results in serious emotional trauma to the patient and family knowing the inevitable is going to happen”.

TREATMENT: Dr H A ROBERT, MD

The existing modes of the modern medicine treatment



of cancer patients in hospitals is also faulty in so far as it is against the principle of cure as postulated by Hippocrates, the father of the medicine, since neither principle of 'Similia, nor Contraria are involved in the treatment process.

Whether it is chemotherapy, surgery or radiation there always occurs further trauma to already traumatized cell-tissue, organ or part of the body having the cancer growth. Rather, such treatment generate further symptoms like fever, pain, anxiety, restlessness, fear of death, loss of appetite, cancer cachexia etc. Treatment consists of narcotics for alleviating pain, invites structural changes through slowing down the recuperating process".

Dr W E JACKSON, MD: "Thus current modes of treatment of the local evidence (or cancer growth) focuses on destroying the end result paying no attention to the cause".

PREVENTION

So the only answer is prevention:

1. All persons have cancer producing genes within the body cells; the enchogenes.
Normally these genes remain dormant or inactive.
2. These inactive or sleeping genes first get activated and then undergo mutation due to some kind of trauma either physical, mental or both.
3. Various mental traumas are: shock, grief, stress and strains, anger, guilt & shame, anxiety-tension, helplessness, frustration, worries, confusion, depression, disgust, humiliation, suicidal attempts. Jealously, fear, love-hate, disappointment, brooding over the past events and inability to forget, perverted love, lack of love etc.
4. The physical traumas are: injuries, fall, contusion, concussion, physical shock, blows, hurt, irritation, consuming too hot or cold food stuff, alcoholic drinks, synthetic preparation etc. smoking of bidis, cigarettes, cigar, dhatura, chilam etc. getting burns, exposure to radiation, x-rays etc.
5. Cancer is mainly a disease of human beings as no other species of the world suffers from it. It is because human beings do not follow laws of nature

strictly.

6. Hence, man should act and behave in keeping with natural ways. Those who go against the nature always suffer.

INFERENCE:

I would neither recommend nor forbid any one suspected to have cancer, from going for diagnosis and treatment being adopted presently all over the world under the modern system of medicine but would like to say that patient concerned and his/her family members must be made aware of the pros and cons in doing so. I would also like to add that medicines available in the alternative system of medicine based on the principle of similar, must prove suitable for the treatment/cure of all the diseases, even cancer or any other disease where the cause has been ascertained without doubt. This is possible only if the attending physician has sound knowledge of disease pathology and therapeutic application. The very important aspect of cancer treatment, on which physicians of all systems of medicine have unanimity, is that any suspected case of cancerous growth in the form of anything abnormal being felt or noticed in any organ or part of the body, must consult the doctor in the 'very early stage' nipping the problem in the bud. 'Very early precancerous stage' with only functional disturbance. or early reversible structural stage. Once the disease is confirmed pathologically it is always at irreversible structural stage.

To conclude: doctors are there to treat with available medicines but it is luck of the patient to get the right kind of treatment, at the right time and from the right physician.

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DEFINITIONS:

ONCOLOGY: is the study off Tumours.

NEOPLASIA: Means abnormal new growth- benign or malignant.



INCIDENCE: Cancer is second only to coronary artery disease as being the most common cause of death. For ex. In UK 1994 there were 161000 deaths from cancer.

MOST COMMON SITES: Lung, Large bowel, breast. The incidence of colonic, prostate, bladder and skin cancer are also on increase. It is estimated that 1 in 3 people will develop cancer at some time during their life.

AGE: > 70% of new cases occur in patients over 60.

DIAGNOSIS: A distinction should be made between benign and malignant lesions.

BENIGN TUMOUR: represent accumulation of cells which have been transformed to reproduce in abnormal nos. but under circumstances where they remain within the tissue of origin.

MALIGNANT TUMOUR: composed of cells capable of invading adjacent tissues to disseminate and form metastases.

CLINICAL FEATURES:

Haemorrhage ex. Haemoptysis, haematuria.

Pain: Most common presenting symptom

Cachexia: General ill health,

Anorexia:

Localised effects: Dysphagia, Cough, Abdominal pain, Haematuria, Paralysis

Generalised effects: Malaise, Loss of Appetite, Fatigue, Fever, Drowsiness

ASSESSING THE TUMOUR AND STAGING: Staging is important both for treatment and prognosis. Usually advancing stage indicates a worse prognosis even if the Tumour has not yet metastasized.

TNM CLASSIFICATION

T- Extent of primary Tumour.

N- Extent of regional lymph node involvement.

M- Presence or absence of Metastases.

EXTENT OF DISEASE

T0 Excised Tumour

T1 Increase in Primary Tumour size

T2 Increase in Primary Tumour size

T3 Increase in Primary Tumour size

INCREASE IN INVOLVEMENT OF NODES

N1 Increasing Involvement

N2 Increasing Involvement

N3 Increasing Involvement

PRESENT OF METATSTASES

M0 Not Present

M1 Present

Investigation to define TNM status

A Tumor

- Palpation

- Inspection including endoscopy

- Cytology / aspiration/biopsy

B Nodes

- Palpation

- Aspiration

- Biopsy

- Radiology

C Metastasis

- Biochemical screening Eg. LFT

- Radionuclide scan

- Radiology

- Laproscopy

- Laprotomy

CLASSIFICATION OF CANCER

Type: Carcinoma, Sarcoma, Leukaemia, Lymphoma

Tissue / Cell of origin: Endoderm or ectoderm , Mesoderm, W.B.C., Monocyte, Marophage

Example: Epthelial lining of gut or bronchus, Osteosarcoma & Fibrosarcoma,

Acute Lymphoblastic, Leukaemia, Hodgking Disease

SIDE EFFECTS OF CHEMOTHERAPY

Due to relatively poor selectivity of presently available anticancer drugs, it is impossible to avoid damage to normal host tissues, resulting in variety of side effects.

1. Nausea & Vomiting
2. Alopecia
3. Depression & Anxiety
4. Altered Growth
5. Impaired Fertility
6. Insomnia
7. Loss of weight

