

Editorial Note on Neurooncology

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Editorial Note

Neuro-oncology is the study of brain and spinal cord neoplasms, many of which are (at least eventually) very dangerous and life-threatening (astrocytoma, glioma, glioblastoma multiforme, ependymoma, pontine glioma, and brain stem tumors are among the many examples of these). Among the malignant brain cancers, gliomas of the brainstem and pons, glioblastoma multiforme, and high-grade (highly anaplastic) astrocytoma are among the worst.[1] In these cases, untreated survival usually amounts to only a few months, and survival with current radiation and chemotherapy treatments may extend that time from around a year to a year and a half, possibly two or more, depending on the patient's condition, immune function, treatments used, and the specific type of malignant brain neoplasm.

The survival rate also depends on where the cancer first develops. For example, if laryngeal cancer first develops in the vocal cords, the person has an 80% or better chance of survival. If the cancer first shows up in the mouth, the survival rate is much lower. Cancer is one of the most life-threatening diseases and serious public health problems in both developed and developing countries. The major events include transformation, dysregulation of apoptosis, proliferation, invasion, angiogenesis, and metastasis. Patients suffering from cancers of various organs are increasingly exploring the benefits of alternative medicine, primarily because they experience side effects due to usage of modern anticancer drugs or wish to try new therapies in the hope of getting better.

The plant has been used in traditional medicine since ages in various parts of the world. A number of alkaloids isolated from this plant are already in clinical use, e.g. ajmalacine-an antihypertensive alkaloid, and vincristine and vinblastine-the antineoplastic bisindole alkaloids. Drugs used in the treatment of most cancers are those that can interfere with cell signaling, like growth factor signaling, prostaglandin production, inflammation, drug resistant gene products, cell cycle proteins, angiogenesis, invasion, anti-apoptosis, cellular proliferation and many others.

As modern chemistry developed, chemicals and various constituents were isolated from medicinal herbs. These phyto-constituents have served either as drugs that are being used widely today or as starting materials for their synthesis. Modern medicines derived from herbs are gaining attention throughout the world today. Potential of modern pharmacology that has played a supportive role in making drugs safer and more medicinal plants are playing an important role as a source of effective anticancer agents and it is significant that 60% of currently used anticancer agents are derived from natural sources including plants. Many plant-derived products have been reported to exhibit potent antitumor activity against several rodent and human cancer cell lines. Having said that, here are some things that are helpful to discuss during your first appointment: What is my diagnosis and how soon do I need to start therapy? What are my treatment options, what's involved, and how long will each treatment take? What are the benefits of the recommended treatment

Seizures are common in patients with low-grade tumors such as dysembryoblastic neuroepithelial tumors, gangliogliomas, and oligodendrogliomas. The rapid growth of fast-growing high-grade brain tumors may damage the subcortical network essential for electrical transmission, whereas slow-growing tumors have been suggested to induce partial deafferentation of cortical regions, causing denervation hypersensitivity and producing an epileptogenic milieu. Studies strongly suggest that genetic factors may play a role in tumor development and tumor-related epilepsy

