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**INTERVIEW SERIES**

## **How To Use Genetic Testing To Take The Guesswork Out Of Cancer Treatment**

**An Interview With Dr. James Forsythe**



*Michael Senoff's*

**HardToFind Seminars.com**

**Expert Interviews On Mind Body & Spirit**

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For the last five years, I've interviewed the world's best business and marketing minds.

And along the way, I've created a successful home-based publishing business all from my two-car garage.

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## How To Use Genetic Testing To Take The Guesswork Out Of Cancer Treatment

Dr. James Forsythe used to practice straight oncology until he realized his “traditionally treated” patients weren’t doing nearly as well as the patients he saw who were treated homeopathically. So he expanded his practice to include more than just the same-old-same-old methods of treating cancer (surgery, radiation and chemo). And in this audio, you’ll hear what he does now.

But the biggest difference between Dr. Forsythe’s practice and traditional medicine is his use of genetic testing as a way to determine the best treatment for his patients because, when it comes to cancer, he says every patient is different, and so is every cancer. Genetic testing allows him to look his patients in the eye and tell them with complete confidence that the protocol he’s prescribing is their best bet because he’s no longer just using an educated guess to decide. He’s relying on the conclusive results he receives from genetic testing. And in this audio, you’ll hear all about it.

### You’ll Also Hear...

- How to know if your radiological testing is doing more harm to your body than good (believe it or not, it might not even be necessary)
- The quick story of how a terminal cancer patient’s near-death experience with spider bites caused her immune system to boost itself and jump into fighting action – and how her story changed the way Dr. Forsythe looked at cancer treatment for good
- The difference between traditional chemo and the low-dose chemo that Dr. Forsythe uses, when he uses it, and what you can expect if you go the low-dose route
- All about the little-known cancer treatment that uses the pawpaw tree to accelerate the death of cancer cells and what that could mean for you – along with other nontraditional cancer treatments and studies you’ve probably never heard of
- Dr. Forsythe’s recommended “alkaline diet” for preventing (and preventing the spread of) cancer in the body
- Everything you need to know about the scientific finding that showed a relationship between cancer and sugar (that won the 1931 Nobel Prize) and why that’s been shockingly ignored by oncologists ever since

When someone is diagnosed with cancer, doctors usually schedule surgery and chemo right away, and most patients will just take doctors at their word and blindly follow that advice. But, as Dr. Forsythe points out, a lot of what traditional medicine does isn’t based on science or evidence. And it certainly isn’t tailored to an individual patient. It’s just the latest treatment plan everyone’s been told to follow. But in this interview, you’ll hear how many people are taking the guesswork out of their cancer treatment – and how you can do that too.

*Hi this is Kris Costello and I teamed up with Michael Senoff, to bring you the world best health-related interviews. So if you know anyone struggling with their weight with cancer, diabetes, ADHD, autism, heart disease or other health issues send them over to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).*

Kris: And today we're talking to Dr. James Forsythe. A conventional oncologist and homeopathic doctor, practicing integrated oncology. And Dr. Forsythe: thank you so much for joining us today.

Dr. Forsythe: Well, thank you Kris: it's an honor to be on your program.

Kris: So Dr. Forsythe:, it's very unusual that you come from a conventional oncology background and now you combined that with integrated medicine. And I would love to hear the story on how you became to be a practicing integrated oncologist.

Dr. Forsythe: All right, well, let's go back to my early training. I trained at UC Berkeley and got my BA in biochemistry and physiology and had a 3.6 average so I got in easily to the medical school across the bay, which was UC San Francisco - at the time, one of the top 10 medical schools in the country. So I went to medical school at UC San Francisco and graduated in the top 20% of my class and ran out of money during my senior year so I tried the Army's medical school program. They had me commissioned as a second lieutenant, which promises to pay them back through going through an army internship and an army residency and then some excessive payback. I had to go that route because I had my wife and two children and ran out of money even though I was working part time during medical school as a laboratory technician around San Francisco. So after med school I was given an internship at Letterman army hospital on the presidio, a beautiful facility just a few blocks from my home in San Francisco so it became very convenient. And I did a rotating internship. And then Vietnam was breaking out about then, I really wasn't sure what specialty I wanted to go into that pathology would be good for any specialty. And besides they might be a good place to hide out because I really wasn't too excited about going to Vietnam. Which many of our class. So I applied for and got a pathology residency at Trifler army hospital in Honolulu Hawaii indeed a fast residency. And as I was being transferred to fort Bragg North Carolina as the assistant chief

of pathology in the hospital there and became part of the 82<sup>nd</sup> airborne paratrooper unit. After two years at fort Bragg I did get my orders to Vietnam. I ran three laboratories there and was in charge of tropical medicine, led thinking, malaria control, and a bunch of other things and I had emergency room duty. I managed to put down in a helicopter in Vietnam and still survive but that was another story. But after Vietnam I decided I really wanted to go into internal medicine. And so I came back to San Francisco and applied for and got a residency at one of the major hospitals in San Francisco. And after getting my internal medicine certificate I decided that oncology a new budding field was the one area I was most interested. So I went to UC San Francisco back to my alma mater again and did a two year fellowship in cancer research and clinical cancer in oncology. And that was the first year they ever gave awards for medical oncology so it was a new and exciting area. Many of the trainees with me became heads of various departments around when the country and well known for the oncology pioneers arena. After that I went into practice in San Francisco for a couple years with the group, a small group of Saint Francis hospital, where I was on staff. And I also taught at the university as an instructor in medicine. After that I decided my life would be short if I had to do the bridges and do 8 hospitals a day in San Francisco and the Bay Area. So I decided that Reno was the place I liked the best out of all the options. And I became the first certified oncologist in Northern Nevada and started the cancer wards at the 2 main hospitals at the time. And then became head of the oncology department at the VA hospital in Reno. And I practiced really straight oncology Kris: for a number of years. Until when I started looking at all of my statistics and going through patient charts realizing that patients I had treated even though I had done all of the right protocols and followed the book exactly, just like a Betty Crocker cookbook, you had to follow the protocols exactly. But they weren't doing that well. You know I wasn't burning any bridges with long term survivalist. So in Nevada at the time naturopathy and homeopathy were legal. And I was seeing patients from these fellow doctors and they were doing very well. And it just didn't jive with what I'd learned in my training, mainly surgery, radiation, chemo were the only ways to go. So I said I've got to

expand my practice. And so I did end up purchasing a homeopathic clinic in Reno. And being a consultant there and then taking my boards in homeopathy. And from then on I was doing what was called integrated oncology. And there aren't too many of me in the country. Actually there's very few board certified oncologist with a homeopathic background. So it's kind of a niche that I've had for the last not quite 17 years I guess it is. And during this time I did outcome based studies. I first did a study for Nature's Sunshine, a prominent supplement company out of Utah, for their product PawPaw which was known to kill cancer cells by the process of generating apoptosis a program cell death. I did a study just on 100 patients at that time. But the study was very successful and the product is being used worldwide even today. And also on animal tumors and it's from the PawPaw tree chemical name. And it does promote the cancer cells to be in a mortal state. After that I heard stores about this product called PolyMVA, minerals, vitamins and aminoacids. It was developed at Stoney Brooke University in Long Island. And it had a lot of anecdotal tells, people doing well on it for years. So I went to the principal of the company and I told him that I needed to do an outcome based study, because without a large study, the conventional guys would never believe you. And they were kind enough to supply the product and support me and promote the case around the country as an alternative medicine group. I did the study and I got to about 225 patients on that study. It was cut short. I had some problems with the FDA and some of the agency protocols. Eventually, I won the battle with the FDA. But that did sideline that study for a while. Over the years, I developed what's called my good protocol. Which was a combination of poly and immune stimulants, (inaudible) and low dose chemo. I had great success with prolonged survivals up in the 40% percent range as opposed to the 2% range which was published in their own literature. Articles showed that after 5 years out of the 100 patients with stage 4 disease only 2 were alive after that time. So I was much ahead of that, about 20 times better than what I was reading in the literature.

So now I'm engaged on another study where I'm using chemo sensitivity testing which is where we take the blood of the patient,

send it to a very high tech genetics laboratory, and there are only three of these in the world that we have been able to find. I'm sure that's there are or I would have heard of them by now. They tear down, they circulating cancer cells genetically and then determine from the amino gene project how these cancer cells will respond to various supplements, hormones, to chemo drugs. So that has been extremely helpful. We presented a number of slides over the last year. The last meeting was in Orlando Florida. Our 27 month survival rate was 72% on all stage 4's. Actually our survival rates, the cancer treatment in America results in two years by 30% of those double the response rate of those in the NCI, National Cancer Institute. So we are doing quite well with our survivorship and I intend to publish results fully that I reached 5 years. So that is where I'm on now and I was lucky enough to get my name listed in Suzanne Sommer's book called, 'Interviews With Doctors Curing Cancer'. And that book has brought me tons of patients. Worldwide I got patients: New Zealand, Australia, Africa, England, France, Canada, lots from Canada, and all over the United States. It's been really helpful. I really don't have to rely on any local referrals because I have so many patients from out of state. And they advertise it all. So we're having good treatment results, we have higher quality of life. We are actually able to use 90% less of the toxic chemo drugs. And I always tell a patient that I see the results from their genetic testing that I can now look you in the eye and tell you for sure that these drugs are going to work. Before it was just a guessing game; I was fully guessing the drugs I chose, in a well-meaning way that the literature showed to be the best. In the last conference that I went to showed the best protocol for that particular cancer. But I would never know for sure if it was going to work for that particular patient and now I do.

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Kris: And Dr. Forsythe:, by the way, we did speak with Susanne Sommers the other day and she spoke very, very highly of you. You've obviously made a huge difference in a lot of people's lives and recovery. I heard the story. It is a very interesting experience that you had when you were in that time kind of between



conventional and becoming more integrative. Did you have a patient that was terminal basically and she suffered a spider bite and had some really amazing results. That was one of the pivotal moments for you, right?

Dr. Forsythe:

It was Kris: and I wrote about it in my book. 'Take control of your Cancer' because it just turned on all the lights. It showed me how important the immune system was and how a spider bite could trigger an immune reaction strong enough to actually rid the body, this particular one had melanoma, that it had gone to the liver, and the liver is full of nodules. She was a ranch lady from California, about 100 miles from Reno. She stuck her foot into her boot and low and behold she stuck her foot into a nest of Brown Recluse spiders. And she came in with a red swollen leg so bad that she had to be hospitalized. And actually we feared that she might not make it through the hospital course. But after a week of intense IV therapy, the leg returned to normal. And then I said while you are here at the hospital. We'll just do a cat scan and an ultra sound to see how the tumors are doing. Lo and behold I did that. I thought they made a mistake, 'cause the liver was normal. There is nothing there. And why I went to check with the radiology to make sure they have the right patient and then I presented to our tumor board at the hospital and the doctors of course kind of blew it off. Didn't want to believe that anything other than radiation or chemo had cures the patient. They weren't really receptive and I thought it was a terrific thing. Made me think that hey we are missing on something here. There's got to be a better way. Maybe we need to combine some natural things with chemo or maybe modify the chemo dosing so we don't get this horrible adverse reaction from the chemo. And that is how it all evolved. But it's evolved very slowly over the last 15 to 17 years. But now I feel really confident with the program that we doing now that we are really getting the kind of results we want to get. Our patients are looking good, they're healthy, they don't lose their hair, they don't have all those horrible things like chemo brain and neuropathies and all the internal organ damage that we saw with low chemo. And their tumor marker numbers responded well. And we did follow the patients closely but our regimen calls for a three week course of treatment. During that time, twice a week they get a low dosage of chemo, which is like a Trojan horse but tricking the cancer into thinking that sugar is coming along and they get bombarded with the low dose chemo. And it doesn't affect the normal cells that

much because of the low dose it permanently damages the cancer cells.

Kris: Dr. Forsythe:, Let's talk a little bit about some of the differences, because I know a lot of people it can be very confusing. And most people experience that when they do have a cancer diagnosis, they are going to go to their oncologist and the oncologist is just going to say "let's do surgery, chemo or radiation or something to that effect". What is the standard kind of response for most cancer patients and what are the alternatives?

Dr. Forsythe: Well, of course Kris:, a lot of it depends on what tumor we are talking about. Let's take a fellow with a prostate cancer, newly diagnosed. Prostate after the doctor felt the nodule, perhaps the PSA was elevated somewhere between 5 and 10 or more. And he is then given the option by the urologist meet me in the operating suite waiting room next Monday and we are going to do a round of prostatectomy where we go in and take out your the entire prostate gland. Then the urologist will usually minimize the side effects which include about 80% of men will be permanently impotent. Another 20-30% would have some kind of leakage from the urethra or from rectum. And then there is all the risks of anesthesia, hospital borne infection. So it's not a pretty picture when you look at it very carefully. So their option, maybe take their surgeon, respect their surgeon and they are impressed with his knowledge and will go ahead and do that. Others thanks to the internet and all the things they have available to educating themselves these days. They will look through the resources and there are so many books out there on alternative therapy, they will start asking questions and checking out different doctors who do a lot of this. We are lucky in Reno Nevada that we do have a nice complement of doctors. In fact, there are three doctors in Reno integrative oncology. I'm the only board certified oncologists. The other were family doctors who switched over to that. So they'll find out who they want to see and come and see us and then they'll ask questions. So that's one way. Another way we get patients Kris: is through patients who have been through chemo and had horrible experience, dealing with infections needing blood transfusions, colony building shots to

build their blood cells or white cells. Or they've had a bad infection of one kind or another. They just get fed up with all the problems they've had with chemo over its course so they're looking for alternative options. So that's what we do. I have to offer them, as someone who's both on Medical boards and homeopathic boards, I have to offer them first of all conventional chemo and of course they're not in my office for that but I have to offer it anyway. Then I offer them the other options, low dose chemo, supplements that we offer, based on the test results, everything these days is based on genetic testing. It's probably the most definitive science you can get. So when the conventional doctors call the other doctors not doing things that are science based, they're really the ones who aren't doing things science based. Because they haven't used the tools that I've used to find out precisely what the patient needs. The other thing that I tell patients is whenever you give the patient two or more drugs is no longer evidence based medicine because Dr. Steven Shemeski who's head of nutritional science at UCLA says that anytime you are putting 2 or more drugs in the patient, evidence based is out the window, because pharmaceutical houses never test two drugs at a time and you don't know what that third, fourth, or fifth medicine is doing to the body to upset the balance of what you are trying to test for. And I have always thought that's a very profound statement because that's one argument I constantly use against alternative medicine that is not evidence based.

Kris: So Dr. Forsythe:, what is the purpose of the chemotherapeutic agents? Why are these used so much? And are there cancers that they work for?

Dr. Forsythe: We know that they do work. And of course we all know about Lance Armstrong, a good example of having testicular cancer, his brain and his lungs. Testicular cancer is the most chemo sensitive of all tumors. Testicular tumors cure rate is very high. Childhood leukemia is another one that works well. Actually the whole group of childhood tumors responds very much better to chemo than the adult cancers. But then you have tumors like lung cancers and sarcomas, the challenging colorectal cancer, the pancreatic cancers, gallbladder cancers the batting average of chemo is pretty poor, there aren't a lot of drugs out there. Then you have to have a

precise knowledge of whether it's going to work or not, because if you don't, you are only beating down the patient's immune system and you're not really helping the patient. You're putting them at a disadvantage, in fact you're probably hurting the death spiral that they're in. That's why finding the right in combination with chemo has it's value, especially when it's given in low because it's pretty non-toxic for the patient. We rarely see a lot of effects. And you do have to default the tumor. Remember you have to get the tumor burden down to a point where immune can attack it. When the tumor burden in the body goes up to such a point when the immune system is overwhelmed the immune system kind of goes to sleep. So by defaulting the tumor with chemicals you really limit the number of cancer cells that the immune system has to fight off.

Kris: What is so different about the way an integrative oncologist uses chemotherapy for a cancer patient?

Dr. Forsythe: Well because they don't do the full dose of toxic chemotherapy, they don't get all the adverse side effects we talked about: hair loss, nausea, vomiting, rashes, chemo brain, you probably have heard of that, neuropathy, internal organ damage, liver, kidney. (inaudible) All those things are miserable side effects. And then some of the newer chemotherapy agents have platinum in them. And platinum toxicity stays around for a long time and it can cause hair loss, kidney damage and neuropathy, so you've got all these things going against the patient. So even if you are one of those lucky 2%, that's alive after chemo that's you are going to be left with. You're not going to be the same person you were before. So your quality of life is pretty difficult.

*This is Kris: Costello reporting from Michael Stenoff's  
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Kris: Dr. Forsythe:, why is that so difficult to eradicate cancer cells? What makes it such a difficult thing to treat?

Dr. Forsythe: Well, every cancer is different. If you see the results of these chemo sensitivity testing, you'll see that every breast cancer does not have the same profile. When you get the results back you'll see that one patient with same age, same race, same everything, with

breast cancer you will have to profile to what drugs are going to work, are they treating this thing completely different from the next gal. Everyone is unique based on their own genetic make. All of our genetic make-ups are different. So that's one thing and then getting one of the stem cells is a major, major problem because you kill off a lot of the other cells. But the stem cells are very tricky and very smart and they know how to resist drugs, so they're going to hide out. They just don't always get killed off by the chemo. So if you have a few stem cells that you haven't gotten rid of that are hide out in the body, they can lay dormant for years and years just like breast cancer you can have a recurrence 15, 20, 25, 30 years later of the same breast cancer that the woman had earlier. It's a very tricky business. That's why using the combination of chemo and the supplements, because the supplements are very important. There are 60, 70, 80, different supplements out there that we're adding which you can get ahold of and then you can pinpoint the best 12 or 15 for that patient.

Kris: So let's talk about what are some of the most important things that people that are diagnosed with cancer and of course the rest of us who haven't been, things they can do to avoid or help prevent it.

Dr. Forsythe: Well, I covered that very thoroughly in my book and also Dr. Goldberg's books cover that extremely well also but there are probably 35-40 different triggers are out there. Genetics is really a small part of this. I know I said this, but genes are really important but they do probably account for about 5% of these triggers. And those are pretty generic cancers and mainly breast, ovarian, thyroid, colorectal; not a whole lot of the other cancers are genetically traced. We're finding more and more cancers that are due to micro-organisms or bacteria, viruses or transmitted diseases. Of course HIV is one of the prime examples of the immune suppressant disease in which the cancer flourishes. The most common cancers Brain cancers, brain lymphoma, head and neck cancer, immunogenic cancers, hashimoto disease, rare skin cancer which is commonly seen in HIV. Then you have the liver cancers types of cancers which are most commonly attributed to Hepatitis B and C. And then the stomach cancers have been found to be closely correlated with (inaudible) infections of the stomach,

so bacterial infection. And then certain bladder cancers are linked to (inaudible) and some other liver cancers are associated with (inaudible). And then we're finding that micro-plasma organism in many cancers and there's actually a vaccine being experimented with, called the BX, b as in boy, X; antitoxin vaccine which is being used in Mexico and some other places – antitoxin vaccine against the micro-plasmic organism. So a lot of infectious HPV, actually very important because we got a vaccine for cervical cancer. And not only seen in cervical cancer but also anal cancer, vaginal cancer and head and neck cancers and very commonly seen in head and neck cancers. So we're fighting more and more micro biological organisms that are cause or trigger cancers. And then there is all kinds of physical factors from like melanomas, high power lines for various cancers, leukemia's and melanomas especially. And radon and all kinds of heavy metals Kris: like uranium, arsenic. We do an analysis on all of our patients to find out what they're infected with in terms of heavy metals. And then there's all kinds of chemical toxin too that are in the food, barbeque steaks, all kinds of chemicals that we ingest on a daily basis, plastics, we all are drinking water out of plastic bottles, our food is microwaved, plastic containers, Tupperware. We are exposed to tons of different things. The list goes on and on. We do recommend my book because I give a more comprehensive analysis all these links.

Kris: People can look it up in more details but is it critical to try and avoid these things? Do you feel that it is going to make a huge difference for people?

Dr. Forsythe: Let's just say we all are going to die of something but it's important we take care of ourselves and really pay attention to things. Eat Organic foods and try get the purest of things. Don't buy a house under a high tension wire. You know all these things. We know that cell phones, we have no idea Kris: right now what sitting in front of a computer all day or having a cell phone attached to your ear is going to do to cause cancer. There's already a study out that shows that cell phone usage can cause brain cancer on the same side the customer uses the cell phone. I have patients with brain cancer that tell me without a doubt that it is the cell phone, heavily

for years and years it is the cause of the break. So who knows, these things are so hard to prove.

Kris: But there are rather simple ways to avoid that too, I mean?

Dr. Forsythe: Of course, like the earpiece system

Kris: So let's talk a little bit about diet. What type of diet do people want to look at?

Dr. Forsythe: Diet is very important and we stress that very much. You know there are whole clinics devoted to various diets. There is this extreme diet, straight out of Mexico, created by David Servan and now run by his daughter, which is strictly no grains, mostly vegetables, no meats, no milk products and up to 6 or 8 colonics a day. Well Kris: can you imagine having enemas 6 or 8 times a day? And then you have things like the buckwheat diet which is just cottage cheese, flax seed oil, and a few berries. Well that's good because it is mostly non sugar and flax seed oil is probably one of the healthiest oils there is with lots of omega 3s and 6s. But again it's a very boring diet. And remember Kris:, all diets are weight loss diets. This is the real problem for oncologists because we don't want to see our patients who are already at risk of weight wasting to add a weight loss diet. The Atkins diet is one of the better ones as a cancer diet since it is very low with carbs and simple sugars, very high in protein. Let me put it this way: there is not one single diet for every cancer patient, even Dr. Gonzalez's who is in Suzanne Sommers' book in New York has 10 different diets with 90 variations.

Kris: And then what they're telling you the diet really is, isn't actually what they're really eating most of the time.

Dr. Forsythe: We do stress of course, please avoid simple sugars. Cut down on the fruits and the grains as much as possible, you can't eliminate them completely. And there are some fruits that have a beneficial effect like pomegranates, berries that would be very helpful.

Kris: Is that actually a fact that cancers grow from sugars?

Dr. Forsythe: Absolutely. Otto Warburg, in 1931 won the Nobel Prize in medicine for his work discovering that cancer cells thrive on simple sugar. You don't use oxygen to ferment those sugars, so they don't go in the normal oxidative crib cycle. They go off on a side chain which means they ferment. In other words they metabolize without oxygen. And that has been ignored completely by traditional oncologists. In fact, if you go to a Cancer infusion center, which almost all of my patients remind me of, they have a big bowl of candy in the center of the room. Because they just don't get it. And think about this Kris:, CAT scan, which is the gold standard for finding cancer in the body based on a radio tagged sugar that goes preferentially to the cancer cells. And why is that? Because cancer cells have many more insulin receptors on their surface and they avidly take sugar out of their environment because that's what they love.

Kris: And yet in our schools teachers are still giving out sugar for treats and rewards and a lot of people don't know this.

Dr. Forsythe: They don't and it's sad. And alkalization. A lot of people don't realize that the body is alkaline so the cancer makes the body acid because it is destroying tissues and that lots gases. So your body's internal pH is acid, below 7.42. When you alkalize yourself either with green powders or with things like (inaudible) or alkaline water your body becomes higher than 7.42 and that produces an unfavorable environment for the cancer cells to grow. So we do stress alkalization along with a low sugar diet. You've got to give the patient some leeway though because if the diet is too stringent, they just won't follow it.

Kris: Sure. And getting people like you said to comply is always a challenge. One of the things I'm wondering, Dr. Forsythe:, is why don't we know more about integrative oncology? Some of these things are so critical and yet the knowledge is not widely known. Why do you think it is we don't know?

Dr. Forsythe: Kris:, drugs that big pharma puts out these days are extremely expensive. Some of the targeted agents such as Avastin which was taken out of the market for breast cancer. May cost \$6000-



\$8000 per treatment and the patient would get normally 2 treatments per month. If you don't have insurance, you are going to take it out of your wallet each time. You wouldn't last very long unless you're Bill Gates or Donald Trump and they have loads to spend on your health. The one thing that I always tell my patient is that there is an overabundance of high dose of radiological testing which is completely unnecessary in most cases. I'm talking about cat scans and pet scans which can deliver up to 600 times the radiation dose of a plain old chest X-ray. If you take a chest X-ray you get 1, the et scan is 600 times that. And in many protocols patients are required to have a pet scan every 2 or 3 months, especially if they are on an experimental regimen. Guess what that's doing your immune system. Your immune system is made of b-cells, t-cells, natural killer cells, all radio sensitive. In other words a small dose of radiation will knock them out. So why would you want your patient to undergo all this often needless radiologic testing when it's just hurting them? And yet it goes on every day.

Kris: And people do this constantly. And I know that is an issue with the mammograms also.

Dr. Forsythe: Yes it is. Women can easily have MRI's which have no radiation or ultrasounds. None of those confer any radiation. And yet the mammograms go on. Public unfortunately is not well educated to know about this. No one wants to know about a guy like me that is trying to prove the theory with one good study. Because I'm out there as far as they're concerned I'm just a lunatic. No one wants to hear about it. Even in my hometown I try to give lectures to the colleges, they won't allow me to talk to them in the form of a lecture or show the results of my studies. And they'll ask me to national meetings.

Kris: Yes and you're patients that having high quality of life and survival rates.

Dr. Forsythe: I think I would be retired if I wasn't helping people. If I thought I wasn't helping people at my age of 74 I'd definitely being playing with my 9 grand-boys and my 2 grand-girls.

Kris: Well Dr. Forsythe:, if you could share also where people to find out more about what you're doing. I know there are a lot of people interested in knowing more.

Dr. Forsythe: First of all my email is [eforsythe@sbcglobal.net](mailto:eforsythe@sbcglobal.net) And that's to make an appointment or get information or have a phone consultation which is free. And also my website is [www.drforsthe.com](http://www.drforsthe.com) or [info@drforsthe.com](mailto:info@drforsthe.com). Both of those websites are valid.

We also have a foundation where we help patients a 5013C. As you know Kris:, insurance does hardly cover anything at all. The 501 is the Forsythe Wellness Clinic foundations. You can find the link in our website.

Kris: Well thank you Dr. Forsythe: for being on the show today and I hope people will read, 'Take Control of Your Cancer.' and looking forward to hearing more about your research.

Dr. Forsythe: Thank you Kris:.. I really appreciate the invite.

*That's the end of our interview, and I hope you've enjoyed it. For more great health related interviews go to Michael Senoff's [HardToFindSeminars.com](http://www.HardToFindSeminars.com).*