



THE COMPASSIONATE ONCOLOGIST
O ONCOLOGISTA COMPASSIVO
EL ONCÓLOGO COMPASIVO

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Dr. James Forsythe acquired his degree in medicine at the University of California, San Francisco, and then went on to conclude a specialization in homeopathy. He was a surgeon for the Nevada National Guard and had been in the Vietnam War.

In his book *The Compassionate Oncologist*¹ he reveals the myths promoted by what he calls the vision of the conventional cancer industry on Integrative Oncology (IO). The latter is a branch of Integrative Medicine (IM) which integrates into conventional medicine positive complementary evidence-based practices classified as: practices based on biology; mind-body practices; practices of body manipulation; energetic therapies and traditional medical whole systems.

The book is divided into two parts, 14 chapters and four appendices distributed along 183 pages. In the first seven chapters the author addresses themes which extend from the first cancer signs, diagnosis and commonly offered treatments, to themes that allow for reflection upon issues such as the causes of cancer and what is the real contribution of chemotherapeutic drugs.

The last two chapters of the first part deal with the detailed failures of conventional treatment and their five myths. In the second part the author describes IO, its definition, the art of choosing drugs and supplements, the lighter version of the application of chemo drugs, the narrative of patients treated with IO and the myths of this approach. The appendices illustrate the “Letter of Rights” of cancer patients; conventional treatments for most kinds of cancers; the author’s supporting formulas and therapeutic resources of IO.

The side effects of radio and chemotherapy are well known.^{2,3} The author comments that it is not rare to see patients being hospitalized with a severe depression of white cells and sepsis, or pneumonia, simply because their bodies don’t tolerate the complete dose of chemotherapy.

The conventional oncologist’s hope is that chemotherapy kills the cancer before the latter kills the patient. Examples of drugs that were formerly prescribed in very high doses, and that after intolerable intoxication were reduced, are: the family of taxanes, the topotecans, Mitomycin-C, Etoposide, the family of platinum-containing chemotherapy drugs, including Cisplatin, Carboplatin and Oxaliplatin.

Several cancer centers in the EEUU split the dosage into small daily fractions or apply them every two days or even three times a week to avoid severe toxicity. This lighter form of applying chemotherapy is called *Insulin Potentiation Therapy* (IPT), of which the advantages are: it has been used with success since the 1940s; it targets the cancerous cells without destroying those which divide normally; for this reason very low doses between 10% and 20% can be used effectively; preserves organs and especially bone tissue, including red and white cells, as well as platelets; it affects the immunological system minimally and side effects such as nausea, vomiting, diarrhea, skin rashes and, hair loss and severe fatigue are rare.

The theory behind the IPT’s mechanism of action is the fact that cancer cells have more insulin receptors on the cell surface than other cells in the body. Due to this, small

doses of insulin “trick” the cancer cell so that it becomes more receptive to the chemotherapy molecule, so lower doses are required. The reason why Big Pharma and the North-American Food and Drug Administration (FDA) don’t invest more in clinical studies using this methodology, according to the author, is obvious: there would be a financial loss by cutting the doses down to 90%.

According to Forsythe, the five myths about the conventional cancer treatments are: 1) it is necessary for the patient to show adverse effects, such as nausea, vomiting, diarrhea, skin rashes and suppression of bone marrow to know that chemotherapy is functioning; 2) the patient should not stray away from a chemotherapeutical protocol once he has started it to obtain positive results; 3) a patient should always use high doses of chemotherapy to obtain the best results; 4) platinum-containing drugs (Cisplatin, Carboplatin and Oxaliplatin) don’t cause deficiencies on the long run; 5) it doesn’t matter what the patients eat, so they shouldn’t feel discouraged to consume all kinds of sweets and other kinds of food that promote comfort.

On the other hand, according to the author, the five myths about the integrative treatments are: 1) antioxidants should never be applied to cancer patients because they may interfere with radiotherapy and chemotherapy; 2) all of us receive sufficient vitamins in a well balanced diet, therefore supplementation is unnecessary for cancer patients; 3) the use of various herb formulas is dangerous and has no value in cancer treatment; 4) for cancer patients, taking mineral supplements is of no value; 5) “*if alternative and integrative cancer treatments are so efficient, why didn’t my oncologist tell me about them and didn’t apply them to me?*” The issue here is that conventional oncologists have never learned anything about IO during their medical training; nevertheless this scenario is gradually changing. Another issue is that the *Veteran’s Administration Hospital* (VA) limits the ability of these professionals to use any kind of treatment considered outside the spectrum of the conventional practice.

Moreover, the book offers six recommendations which a patient will rarely hear from a conventional oncologist: a) to follow a diet of simple sugars, because this deprives cancer from its main form of nourishment; b) vitamins, minerals, herbs and amino acids are essential and can be prescribed according to a chemo sensibility exam; c) the importance of physical fitness,

exercise, yoga, Pilates, prayer and meditation; d) the importance of reducing stress to keep the mind devoid of emotional toxins; including hatred, anger, fear, revenge and depression; e) to disintoxicate the body from chemical toxins: heavy metals, dental amalgams; practice colon cleansing to allow for the immunological system to recover and fight against diseases; f) hormonal balance, preferably with bioidentical hormone reposition, with exception of cases in which they are contraindicated, can be extremely important for building up the immunologic and neuroendocrine systems.

Lastly, while continuing to make use of present cancer resources, the book offers a vision of an integrative treatment which encompasses being less invasive and preserving the patient’s well-being. We consider the context here to be a very important contribution to the cancer field, especially for health professionals and managers of the *Sistema Único de Saúde* (SUS) who are interested in implementing some of the therapeutic techniques of the National Policy of Integrative and Complementary Practices.⁴

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