

# Poly-MVA | A Breakthrough for Advanced Cancer Patients and Degenerative Disease

Could something like a nutritional supplement really help in treating advanced cancer patients? Medical oncologist and homeopathic physician, Dr. James W. Forsythe, is hopeful and has seen patient outcomes improve. Dr. Forsythe continues to conduct a Poly-MVA outcome-based investigation on various Stage IV Cancers began in January of 2004 in Reno, Nevada, and has seen encouraging results. "We have seen patients go into full remission with aggressive, stage IV cancers, and we see continued positive responses in others with previously chemo-resistant cancer. Other benefits from Poly-MVA are a significantly improved quality of life, appetite and a substantial reduction in the number and severity of side effects from chemo and radiation therapies."

## What you need to know about Poly-MVA

Poly-MVA has been around for over twenty years, and hundreds of doctors in the U.S. and other countries are integrating it into their protocols. It is a uniquely-formulated combination of vitamins, minerals and amino acids. The patented supplement was invented in 1991 by Dr. Merrill Garnett.

Cancer cells are primarily anaerobic; this means they require very little/low oxygen in order to function and reproduce. Dr. Garnett's approach relied on the metabolics that cancer cells thrive on simple sugars and prefer low-oxygen environments for their metabolism, this is known as the Warburg effect. Based on this and Dr. Garnett's research, he developed a compound that would technically interfere with the metabolism process in the cancer cell and support normal cellular metabolics. Garnett complexed the mineral palladium (in a sequestered and safe manner, so it is bound and can exert its potential in electron transfer) with lipoic acid and thiamine, which created an extremely useful and safe cellular nutrient that provided better absorption and could access most cells in the body – even crossing the blood-brain barrier. These combined ingredients with other unique co-factors promote energy production and offer cellular protection at the DNA level. When administered to advanced cancer patients, Poly-MVA appears to have the unique capacity to negatively affect anaerobic cells while supporting healthy tissues. Simply put, this nutrient attacks the "engine room" of a cancer cell and short circuits/overloads the cancer cell's energy production thereby destroying it, medically its called apoptosis.

Why the mineral palladium? Palladium has unique electron accepting and donating properties when combined with alpha lipoic acid which is an extremely strong antioxidant and B1, thiamine. The idea of combining a rare mineral with an antioxidant came to Garnett because he knew it would likely interfere with the electron/energy transfer in the cancer cell. It would affect the part of the cancer cell metabolism which is driven by the anaerobic metabolism and bypasses the normal cell death pathway to turn off. This complex is a key part of the Poly-MVA supplement.

Because Poly-MVA is safe and naturally based, side effects are minimal (when they exist at all, taste, too much energy etc). Dr. Forsythe is happy to report the few side effects. "Taking the supplement intravenously, I have seen a small percentage of patients who have reported a chill and/or a low grade fever. This is easily remedied by slowing down the drip or by giving an antihistamine to mitigate any possible allergic reaction. As far as nausea, vomiting or diarrhea, these are uncommon side effects, diarrhea probably being more common than the other two. There is no hair loss, no skin rashes, no cytopenias or lowering of white count and red count cells. And we've seen no damage to any major organ systems such as the heart, liver, pancreas, or sexual organs." In fact, according to his ongoing studies, Poly-MVA not only helps the healthy cells but it has shown to be synergistic with chemotherapy and protective in radio therapy, enhancing the effects of it. "Because it is an energizer, it does make patients feel better. Perhaps they feel able to better tolerate their other harsher protocols."

## Dr. Forsythe's Poly-MVA Clinical Results

The first part of the Clinical Oncology Outcome-Based investigation in 2004-2006 was over a 26-month period and was conducted on 212 Stage IV cancer patients with multiple cancer origins. The patients were classified into two groups: the first group was administered both Poly-MVA and chemotherapy, and the other group refused chemotherapy and were on the supplement only. In both groups, the Poly-MVA dosage was administered intravenously for a 15-day period. The patients were then switched to an oral dosage of 40-60ml for up to 6-8 months. After six months, a maintenance dosage average of 4tsp was administered, this amount depending upon the remission of the tumor.

The study group that used both chemotherapy and Poly-MVA were treated with low doses of chemotherapy. "My approach to treating cancer uses a lower-dose fractionated chemo, or "dose dense" chemo, where you're getting it more often but in lower doses. So you're getting either the same amount or more chemo but its spread out so it's less toxic to the patient. My patients have less toxicity than patients who receive the 'sledgehammer approach,' which is to really hit the patient hard with chemo every three-four weeks. The sledgehammer chemo patients often have more severe toxicities from the chemo."

The study results showed an overall response rate from both groups of 56 percent, which included the following responses: stable disease, partial responses and complete responses. The overall response rate in patients who received both chemotherapy and Poly-MVA supplement was 61 percent. The overall response rate in patients who received the Poly-MVA supplement only was **39 percent**. Patients receiving an initial IV loading dose of Poly-MVA had a 12 percent improved response rate compared to an initial oral loading dose. (Partial reduction means a 50 percent reduction in the size of the tumor mass, and complete reduction means a disappearance of the disease resulting from a physical examination, scanning and tumor markers.)

After participating in this investigation, both groups expressed having significantly more physical energy. Dr. Forsythe attributes their energy and optimism to Poly-MVA being a safe and effective. "Because they are on a protocol with a metabolic support substance they seem to be doing better mentally and physically. Their approach to chemo, their optimism, their ability to fight the cancer is improved. I think it does a lot for their mental attitude. It does empower the patient in that they feel as if they are doing more than the average patient is doing in their fight against cancer."

Dr. Forsythe's patients who have participated in the Poly-MVA clinical investigation are also optimistic. Marilyn Haro-Smith, who was suffering from inoperable lung cancer and was told she had only three to six months to live, saw encouraging results from the Poly-MVA. "During the past five years, I have been treated by Dr. Forsythe with both low-dose fractionated chemotherapy and Integrative Therapies. One year ago, my cancer markers were going up and Dr. Forsythe placed me on his clinical outcome-based protocol with Poly-MVA at 6 tsp per day. Since adding this natural supplement it has helped stabilize my disease and normalize my markers."

Michael Oliver, who has been battling prostate cancer, tells his story. "My PSA began to rise one year ago and Dr. Forsythe placed me on his clinical investigation with oral Poly-MVA at 8tsp per day. Since that time, my PSA has been near normal and I have not required any chemotherapy. I have had no side-affects from the Poly-MVA. I feel better and have more energy."

## Poly-MVA Outcome-Based Investigation Conclusions

Ø The top three cancers that were highly responsive to the Poly-MVA treatment were prostate, breast and non-small cell lung cancer. Surprisingly, non-small cell lung cancer is, in general, not a high responder to conventional treatments. Colorectal cancers were the least responsive.

Ø Poly-MVA appears to be a safe and effective for palliative assistance in Stage IV cancer patients either with or without concomitant chemotherapy.

Ø The safety profile is excellent. There were no treatment-related deaths or any significant adverse reactions or negative interactions with chemotherapy or hormonal treatments.

Ø An IV loading dose of Poly-MVA confers a 12 percent improved overall response rate in this investigation.

This Poly-MVA Outcome-Based investigation included treating all types of cancer. Dr Forsythe is as an Associate Professor of Alternative Medicine at the University of Nevada, Reno. This investigation had been presented to the Nevada State Board of Homeopathic Medicine. Dr. Forsythe continues to track his patients and their outcomes in his ongoing studies with over 1800 patients over the past 20 years. His outcomes continue to show longer term survival and improved quality of life, over and above any conventional approaches.

## Find Poly-MVA Near You

Protocols integrating Poly-MVA can be accessed at Dr. Forsythe's Century Wellness Clinic in Reno, Nevada ([www.drforsthe.com](http://www.drforsthe.com); 775-827-0707). For additional supplement information please visit [www.polymva.com](http://www.polymva.com) or contact Dr. Albert C. Sanchez at advanced medicine and research center in San Diego.

*\*Lisa Marie Wark is currently a free lance writer and is a business development consultant with a concentration in medical spas and Integrative Clinics. Currently she is President of MedSpas, a business development firm that provides physicians the necessary business tools to help them build or expand their practices into medical spa facilities. Wark was formerly an anchor and financial reporter for ON24 Financial News in San Francisco. **This article has been recently updated to reflect updated information.***

# **FORSYTHE CANCER CARE CENTER**

**JAMES W. FORSYTHE, MD, HMD**

Board Certified Internal Medicine, Medical Oncology and Homeopathy

## **POLY-MVA OUTCOME BASED INVESTIGATIONS**

1. Three Clinical Oncology “Outcome Based” investigation over 12 years 28 various metastatic cancers .
2. The investigation was voluntary and not double-blinded or placebo controlled.  
The major parameters included:
  - CR – All Clinical disease in Remission
  - PR – Greater than 50% reduction in tumor mass/markers
  - SD – Less than 50% reduction in tumor mass/markers
3. 56% at 30 Months and 38% at 60 Months overall response rate (ORR) combining CR +PR +SD.
4. The ORR in patients on Poly-MVA only was 40%.
5. The ORR in patients on chemotherapy + Poly-MVA was 60%.
6. These results showed improvement over historical controls and improved QOL in multiple areas.

## **CONCLUSIONS OF POLY-MVA INVESTIGATION**

Poly-MVA is a safe and extremely effective supplement for support and palliative assistance in stage IV cancer patients either with or without concomitant chemotherapy. The safety profile is excellent and there were no treatment related deaths or any significant adverse reactions or negative interactions with chemotherapy or hormonal treatments.

The best responding patients:

- 1) Prostate    2) Breast    3) Lung    4) Head/Neck    5) CRC
- 6) Hematological Results show an improved Overall Response Rate over historical controls.

## **Intrgrative Oncology Philosophy**

In Stage IV cancers of any origin improvement in *Quality of Life* issues is directly proportional to improvement to overall response rate. Even stable disease can be tolerated and metamorphosed into a chronic livable condition.

This is true provided that this improvement is not gained at the expense of toxic chemotherapy or radiation therapy leaving the patient with many of the following adverse side effects:

- Chemo Brain Syndrome
- Painful Neuropathies
- Cardiomyopathies
- Renal Failure
- Hepatic Failure
- Severe Pancytopenia's or Dermatoses
- Pulmonary Fibrosis
- Devastating Fatigue, Anorexia and Wasting Syndromes
- Death

**These studies and the various case reports continue to confirm that the “cure or kill” approach to cancer treatment is not the best solution and continued research is needed.** CCS 2014

