

IVERMECTIN and FENBENDAZOLE Testimonial - 79 year old Canadian woman with Stage 4 Diffuse Large B-Cell Lymphoma recurrence in the brain with 2 months to live, now cancer free!



DR. WILLIAM MAKIS MD

MAR 31, 2025 · PAID



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Safe-Guard (Fenbendazole Suspension) Liquid Wormer

Please assist me with treatment advise

Yahoo/0 - DON... ☆



From: [REDACTED]

To: makisw79@yahoo.com



Fri, Sep 13, 2024 at 9:21 p.m. ☆

Hello, I was referred to you by my mother in law, [REDACTED]. I have several close friends who follow you on your podcasts, fb posts and videos. I am particularly drawn to your research. My Mother, [REDACTED], is currently at the [REDACTED]. In February she was diagnosed with lymphoma. I don't know if this is pertinent information, but she is unvaccinated with any of the Covid shots, however, received several blood transfusions during treatment (I've always worried that that blood may be from a vaccinated person). She received six chemotherapy "treatments" and was declared in full remission on July 29. At the end of August, she suddenly started having weakness in her right arm and leg. A CT, then later MRI showed a lesion on her left frontal lobe. Based on her previous cancer, the doctors at the [REDACTED] diagnosed her with metastatic brain cancer. They have given her months to live and offered five sessions of radiation in hopes to extend these months. I have been reading about fenbendazole and ivermectin and am wondering if you can help with any dosage or treatment options suggestions?

Thank you for your time,
[REDACTED]

● MRI results

Yahoo/06 - TES... ☆



From: [REDACTED]
To: William Makis



Wed, Mar 26 at 2:36 p.m.



Good afternoon,

I am so very pleased to be able to share my Mother's most recent MRI results with you. I have attached the results from September, when she was told that she may only have two months left to live and was put on palliative care. I have also attached her latest results as of March 17th. We have not disclosed to her doctor that she is taking part in your protocol. They were completely surprised by these MRI results and could not explain the reason for why such an about turn was made. They certainly were not expecting this, and quite frankly neither were we.

We thought at best; this may buy her a little bit of time. At no point did we expect to hear the words, "it's completely gone!" come out of anybody's mouth.

We are so appreciative of all the work you are doing in this field. My Mother left the hospital in September with no hope.

This protocol and research gave her hope, which led to strength which has now led to these results. We don't know what the future holds, but for today we are just so very blessed to be able to share this story with you, and others who may be in the same situation. We cannot thank you enough for all of the advice and information.

MRI BRAIN

CLINICAL INDICATION: Brain metastases suspected. DLBCL post R-CHOP new mass noticed on CT head. Please assess for lymphoma recurrence.

TECHNIQUE: Multiplanar multisequence MRI examination of the brain with and without intravenous gadolinium.

COMPARISON: August 29, 2024 CT.

FINDINGS:

MR confirms the presence of a lobulated enhancing lesion at the paracentral high left frontal lobe measuring 1.8 x 1.3 cm axially and approximately 1.7 cm craniocaudally. This does abut the falx and demonstrates intermediate T2 signal with restricted diffusion. There is significant surrounding T2/FLAIR hyperintense edema with some associated sulcal effacement. There is also partial effacement of the body of the left lateral ventricle.

INTERPRETATION:

MR confirms the presence of a 1.8 cm lobulated enhancing lesion within the paracentral high left frontal lobe with significant surrounding edema, as described above. Given the history of known

malignancy, metastatic disease would be the primary consideration although a primary brain lesion is also on the differential.

An aneurysm is seen arising from the left supraclinoid carotid artery estimated at up to 8 mm in extent, on this nonangiographic study. May consider neurosurgical consultation to determine if the patient would be a treatment candidate and if further dedicated angiographic imaging such as CTA is necessary.

FOLLOW-UP MRI March 2025

Exam/Service Date: 17-Mar-2025 1:20 PM

MR BRAIN W WO ENHANCEMENT

CLINICAL HISTORY: Hx of metastatic lymphoma to brain, had palliative RT to brain Sept 2024. Ongoing hearing loss to R ear since RT Pt requesting imaging to monitor response to RT.

Comparison: MRI brain from September 3, 2024.

Findings:

There has been interval resolution of the previously seen enhancing intra-axial mass within the left frontal lobe parasagittal region. There has been also interval significant improvement of the surrounding FLAIR/T2 hyperintense signal changes with small residual. No definitive new lesions are seen.

The internal auditory canal and cerebellopontine angles are clear bilaterally. There is a new opacification of the bilateral mastoid air cells and middle ear cavity.

There is suspected left paraclinoid ICA aneurysm measures 7 x 6 mm in size.

Impression:

- Interval resolution of the previously seen enhancing mass within the left frontal lobe. No definitive new lesion is seen.

- Clear internal auditory canal and cerebellopontine angle. No evidence of vestibular schwannoma.

- New significant opacification and effusion within the bilateral mastoid air cells and middle ear cavities.

- Suspected incidental left paraclinoid ICA aneurysm measures 7 mm. Confirmation with CTA and referral to Neuro IR is recommended.

My Take...

79 year old patient was diagnosed with aggressive DLBCL Lymphoma in Jan.2024.

After 6 cycles of chemo she was declared “cancer free” in July 2024.

However by end of August 2024 she started having weakness in her right arm and leg and was diagnosed with 1.8cm lesion in left frontal lobe, likely Lymphoma metastasis and was given 2 months to live and was put on palliative care.

We started a regimen in early October 2024:

- Ivermectin 1mg/kg/day
- Fenbendazole 444mg/day (Panacur & Safeguard)
- CBD Oil 25mg/day

After 5 months, the 1.8cm brain metastasis is gone!!

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