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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!

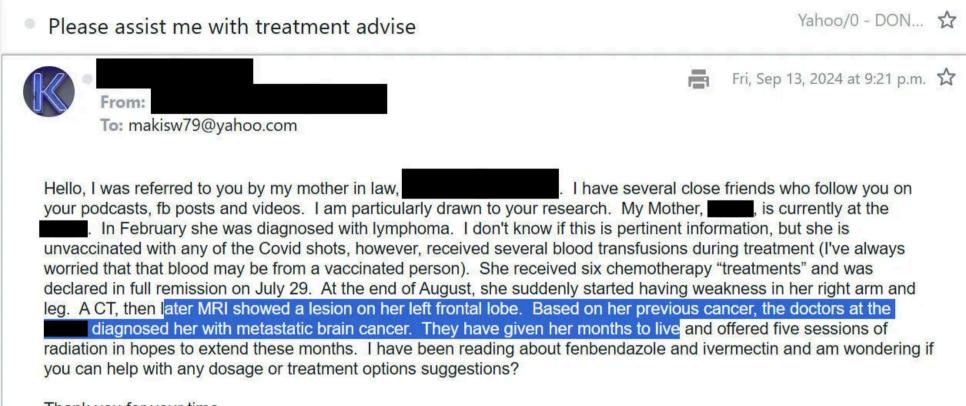


DR. WILLIAM MAKIS MD MAR 31, 2025 · PAID

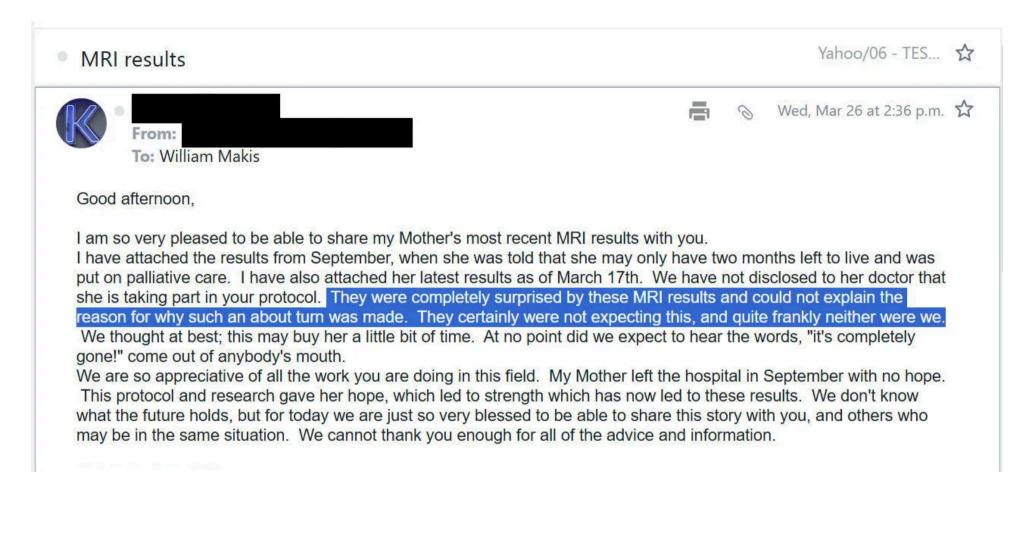




Safe-Guard (Fenbendazole Suspension) Liquid Wormer



Thank you for your time,



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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