

IVERMECTIN and MEBENDAZOLE Testimonial - 47 year old UK woman with Stage 4 Invasive Lobular Breast Cancer metastatic to lymph nodes, bones (and pituitary gland) becomes cancer free after 4 months!



DR. WILLIAM MAKIS MD

APR 15, 2025 · PAID



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24



14

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Urgent Request for Guidance for Metastatic Breast Cancer

Yahoo/0 - DON... ☆

**From:**

To: Makisw79@yahoo.com



Wed, Oct 30, 2024 at 6:02 a.m.



Dear William,

I am reaching out with urgency and hope, because I believe I have found the most promising path to treat my cancer. After my diagnosis (beginning of August 2024) of Invasive Lobular Carcinoma (ILC), ER8, PR8, ER+, HER2 negative metastatic breast cancer - with metastases in my spine (T9), hip (right acetabulum), and possibly the pituitary gland - my life has been upended. I am 47 years old, married and I have a [REDACTED] year old daughter.

I've since had five strong photon radiotherapy sessions and was treated with Tamoxifen for a month. I'm now on Ribociclib and Letrozole tablets, as well as Zoladex and Denosumab monthly injections. I'm also taking a daily Calcium/Vitamin D supplement (prescribed by my oncologist), but despite all of this, I've been haunted by the sense that there must be a better, more complete way forward.

In my desperate search for answers, I found your work. It was like a light in the dark - your research has been the most reliable and compelling discovery I've come across. I have devoured your videos/ I now firmly believe that your approach could be the breakthrough I need. Your findings seem to offer what conventional treatments have not: a real, scientifically sound chance to fundamentally change the course of my illness.

I am writing to ask if there is any way that I could set up a meeting with you. I live in [REDACTED], but I'm flexible regarding times. I am determined to pursue this no matter the challenges. If there is a way forward, I need to know how to begin, what steps to take, and what you and your team can offer.

I believe in your research and in what it could mean for my future. Please let me know how we can proceed - I am ready to act.

With hope and gratitude,

Best regards,



Re: Follow-up # [REDACTED]

Yahoo/06 - TES... ☆



From: [REDACTED]

To: William Makis



Sat, Apr 12 at 4:21 a.m. ☆

On the 27th March I had a PET scan and on the 28th March we received the good news of no evidence of disease. Please see the report from my oncologist below:

"Diagnosis De novo metastatic breast cancer. Grade II invasive lobular carcinoma of left breast with left axillary nodal involvement. Receptor expression phenotype ER 8 PgR 8 HER2 low (1+). Staging investigations show multifocal bone metastases.

Management Commenced 1st line systemic therapy with Goserelin, Tamoxifen and Denosumab August 2024 with switch to Letrozole and addition of Ribociclib. Radiotherapy to thoracic spine and right hip August 2024. I was pleased to speak with [REDACTED] and [REDACTED] today via a ZOOM consultation. [REDACTED] has made an excellent start to first line systemic therapy with Letrozole, Ribociclib and Denosumab which she started in August 2024. Consistent with initial response, the serum Ca15-3 has reduced from a baseline value of 291 on 7th August 2024 to 36 on 7th March 2025. [REDACTED] has tolerated treatment well so far, albeit with some typical toxicities of aromatase inhibition and we have dose reduced Ribociclib to 400mg 21/28. We arranged an initial response evaluation FDG PET CT which was done on 31st March 2025. I was pleased to tell [REDACTED] and [REDACTED] that the study shows a complete metabolic response at all previous disease sites in the left breast (primary), lymph node and bone. Of note, the focal avidity in the pituitary gland has also resolved. There are no new sites of disease. This is clearly an excellent start to systemic therapy, and I have simply recommended that we should continue as at present with no changes to management. I will review [REDACTED] in 4 weeks with repeat imaging in due course."

Now that I am in remission I would like to know whether I should make any changes to the protocol. My next goal is to stop Ribociclib, Letrozole and Goserelin. I have already stopped Denosumab.

Please could Dr Makis advise? I look forward to hearing from him.

Kind regards

[REDACTED]

• Re: Follow-up # [REDACTED] - PET Scan Mar.28 shows NO EVIDENCE OF DISEASE!

Yahoo/06 - TES... ☆



From: [REDACTED]

To: William Makis



Sun, Apr 13 at 11:48 a.m. ☆

Dear Dr Makis

From 7 December 2024 I started taking 1 tablet 12mg of Ivermectin per day (no break) and 3 tablets of 100mg Mebendazole, 600mg per day (3 weeks on and 1 week off).

From Mid February 2025 I increased the Mebendazole to 1500mg per day (3 weeks on 1 week off) and 7 tablets of 12mg Ivermectin per day.

Ideally I would like to wean myself off the Letrozole, Ribociclib and Zolodex. Do you think that this is possible?

In the meantime, I look forward to receiving a maintenance protocol from you.

Kind regards

[REDACTED]

My Take...

- 47 year old UK woman with Stage 4 Invasive Lobular Breast Cancer metastatic to lymph nodes, bones (and possibly pituitary gland) started systemic therapy in August 2024
- From Dec.7, 2024 to March 27, 2025 she was on increasing doses of Ivermectin and Mebendazole
- Ivermectin 12mg increased to 84mg

- Mebendazole 600mg increased to 1500mg
- Oncologist: (starting August 2024) Goserelin, Tamoxifen and Denosumab, switched to Letrozole, Goserelin, Denosumab, Ribociclib.

RESULTS:

- PET/CT showed complete metabolic resolution of all cancer:
- primary breast lesion resolved
- metastatic lymph nodes resolved
- bone metastases (spine, hip) resolved
- pituitary gland uptake resolved
- CA 15-3 dropped from 291 (Aug.7, 2024) to 36 (Mar.7, 2025)

Ivermectin and Mebendazole have synergy with conventional systemic therapy, this includes hormonal therapy like Letrozole, Goserelin, and targeted therapy like Denosumab, Ribociclib.

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