IVERMECTIN FIGHTS CANCER

How this works with the various formulations of Ivermectin:

Assume a 60kg person is diagnosed with Stage 4 Turbo Colon Cancer.

And this person wants to take a 1mg/kg/day regimen. That's 60mg of IVM per day.

That would be five 12mg pills a day. Or 150 12mg pills a month. This can get very expensive, especially if the cost of pills is anywhere from $2 to $5 per pill.

Alternatively, it would be 6mL of IVM liquid (10mg/1mL) per day.

Alternatively, it would be 3g or half a tube of paste per day.

If cost is an issue, the cheapest would be the liquid, which is typically $100 per 500mL or $1 per 5mL, or about $1 per day.

A tube of paste would be $10 per 6g, and half would be $5 per day.

Five 12mg pills a day would be anywhere from $10 to $25 per day.

The cost of pills varies widely, depending on where you obtain them. Most people import them from India but they can still be pricy. I was in Mexico recently and over the counter 6mg pills were $5 USD each (a ridiculous price so I didn't buy, but it was a small pharmacy in a very Tourist area).

LOW DOSE:

Some people want to take Ivermectin prophylactically to protect themselves in these types of situations:

- **Cancer in remission**
- **Strong family history of Cancer**
- **Genetic predisposition to cancer**

In these cases a low dose would be 12mg or 24mg a day and would be considered prophylaxis. There are currently no studies looking at Ivermectin taken as prophylaxis to protect against cancer.

Would you get protection against cancer? I believe you would.

MEDIUM DOSE:

1mg/kg/day seems to be a reasonable starting dose for most cancer cases.

You would not expect any side effects at this dose and finacially, it can be accomplished very affordably.

When you can monitor tumor burden with a blood test for cancers like prostate cancer (PSA), colon cancer (CEA) or ovarian cancer (CA125), it's very important to measure these on a regular basis and watch the numbers drop over time.

Another method of monitoring response to Ivermectin 1mg/kg/day treatment is to follow up with regular ultrasounds or CTs (or other types of diagnostic imaging)

This regimen would be taken daily until tumors disappear or cancer blood markers drop to normal range.

Typical Turbo Cancers: lymphomas, breast cancer, colon cancer, lung cancer, melanoma, testicular cancer, cervical cancer, ovarian cancer, kidney cancer.

HIGH DOSE:

2mg/kg/day is a high dose.

I would start with this dose in aggressive Turbo Cancer cases where time is of the essence: Leukemia, Pancreatic Cancer, Brain cancers (glioblastoma, astrocytoma).

For brain cancers in particular the issue is getting sufficient IVM across the blood brain barrier to have an impact on brain tumors. So a higher dose is necessary.

Could be used for some rarer but aggressive Turbo Cancers such as: appendix, gallbladder, cholangiocarcinoma, angiosarcoma and other types of sarcoma.

VERY HIGH DOSE:

2.5mg/kg/day is a very high dose with possibility of transient visual side effects.

The effect on cancer is likely similar to 2mg/kg/day, but if anyone is in a very desperate situation:

- **extensive burden of metastatic disease**
- **extremely aggressive or large brain tumors**
- **only days to live**
- **extremely poor prognosis**

it may be worth pushing the dose to this level.