POSTED ON APRIL 25, 2017 BY DANIEL

Mebendazole: A Cancer Fighting Drug We Find at the Supermarket

Background:

Yes, in the European countries Mebendazole can be found on the supermarket shelves.

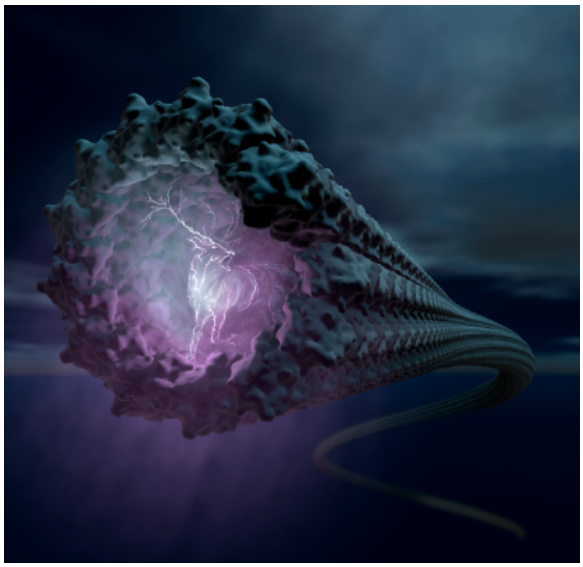
Mebendazole is an anthelmintic drug that has been used since the early 1970s to treat a range of parasitical worm infections, including threadworm, tapeworms, roundworms, and other nematode and trematode infections in humans and domestic animals (Ref.). The drug is among those on the World Health Organization's list (WHO) (Ref.).

Mebendazole became and remained one of my preferred drugs since I learned about it at the beginning of 2014. This was mainly due to the multiple strong points that are defining Mebendazole. Those strong points are:

- it has high potential for serious effectiveness against cancer supported by both

- a large number of scientific publications (Ref.) and
- clear case reports in humans, where, Mebendazole alone was effective in inducing cancer regression, in cancer patients with adrenal cancer (Ref.) and colorectal cancer (Ref.), not responding anymore to conventional treatment methods

- it has nearly no side effects, and due to this reason
- it is an over the counter drug in most of the countries, which means there is no need for a doctor prescription
- and on top of all, it is a very cheap drug
- available virtually anywhere and everywhere.



The first website where I came across Mebendazole discussion was, I think, this one: http://www.abovetopsecret.com/forum/thread822776/pg1 I was happy to see in 2014, just a few months latter after I studied Mebendazole intensively and became convinced about its anti cancer relevance, a paper has come out from one of my favorite Anti Cancer Foundation, i.e. Anticancer Fund, consolidating a good amount of research and proposing Mebendazole as a re-purposed drug against cancer. Here is that nice paper published in 2014: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096024/ By that time, we were already using it.

Before and after the publication of the above paper by Anticancer Fund, there were multiple relevant scientific papers published around Mebendazole and multiple discussions, triggering me to start writing about Mebendazole. Interestingly and amazingly, in 2016, a drug company has decided to charge 200x higher price for Mebendazole (thanks to Helga, a reader of this website I learned about this) (Ref.). Fortunately, it seems that in the US there is still available a powder form that is cheap. Alternatively, it can anyway be ordered online as discussed below in the "Source" section. This was another point when I wanted to write about

Mebendazole. Today, finally, I succeeded to write this post, triggered again by another publication coming from US Oncology center and School of Medicine, suggesting the re-purposing of Mebendazole as a replacement for Vincristine chemotherapy for the treatment of Brain tumors (Ref.).

Credit photo: https://valelab.ucsf.edu/research/microtubules/

While many of the constant readers of this website already know Mebendazole, I hope the article will help the awareness of new readers.

Indeed, Mebendazole, alone or combined with chemo, has been shown to be effective against multiple forms of cancer cells, such as:

- adrenal cancer (Ref.1, Ref.2)
- colon cancer (Ref.1, Ref.2)
- brain cancer, medulloblastoma, glioblastoma (Ref.1, Ref.2, Ref.3, Ref.4)
- melanoma (Ref.1, Ref.2, Ref.3)
- head and neck squamous cell carcinoma (HNSCC) (Ref.)
- cholangiocarcinoma or bile duct cancer (Ref.)
- gastric cancer (Ref.)
- breast cancer (Ref.)
- lung cancer (Ref.1, Ref.2)
- ovarian (Ref.)
- leukemia (Ref.) acute myeloid leukemia (AML) (Ref.)
- pancreatic cancer (Ref.)
- fibrosarcoma (Ref.)

A study, showed a high level of activity against leukaemia, colon cancer, CNS and melanoma cell lines, with lesser activity in breast, ovarian, renal and NSCLC lines (Ref.).

Based on all the research available, I would expected the highest chance of effectiveness of Mebendazole, against

- adrenal cancer,
- colon and colo-rectal cancer,
- brain cancer,
- melanoma and
- leukemia

and possibly

Daniel on Methylglyoxal: Large Response Rate in Very Advanced Stages

nissim on Drug cocktail could double the average survival time

Carol on Methylglyoxal: Large Response Rate in Very Advanced Stages

ovidiu on Drug cocktail could double the average survival time

marcosbomber901 on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Shanti on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Daniel on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Jcancom on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Daniel on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Daniel on A Drug Made for Animals and Taken by Humans to Treat Cancer: Fenbendazole

marcosbomber901 on Case Report Stage IV Endometrial Cancer: Good News from Marcos

Daniel on A Drug Made for Animals and Taken by Humans to Treat Cancer: Fenbendazole

Forum: Recent

- pancreatic cancer and
- lung cancer

However, given the low cost, limited to now side effects, its availability and potential, I would still try it for the other cancer types (next to other treatments), specifically for the aggressive cancer types. Based on the above results, the other potentially responsive tumor types seem to be those of

- ovarian,
- breast,
- bile duct,
- gastric.

Note: other anthelmintic drugs have also been shown to present strong anti cancer effects, but their main anti cancer mechanisms may be different. Of the anthelmintic category, Albendazole is one of my other favorites due to its unique anti cancer mechanism (to be discussed elsewhere) but that comes with some liver toxicity. Albendazole has been indicated to be effective against, e.g. ovarian cancer (Ref.). Here is a study suggesting that of the existing repurposed drugs, antiparazite medication is one of the most effective group of drugs against cancer, after typical anti neoplastic drugs (Ref.).

The ever growing evidence that anti parasitic medication is effective against cancers may also trigger medical doctors and researchers look at cancer from other perspectives, e.g. cancer as a parasitic disease, a perspective which so far has been only discussed outside the mainstream medicine. Here is an example that consolidated such a perspective http://jeffreydachmd.com/2016/05/cancer-as-a-parasitic-disease/ I think, successful researchers have to always keep their mind open, ready to consider new perspectives proposed by others and even better connect the available “dots” to generate new perspectives.

As we will discuss further, the only drawback with Mebendazole is that due to its absorption which can be different in different patients, the results may vary from patient to patient.

According to recent research, Mebendazole may inhibit Multi Drug Resistence (MDR) transporters (Ref.). These are the transporters used by cancer cells to push out chemotherapies in order to survive during chemo treatments. Therefore, using Mebendazole during chemo treatments may lead to increase effectiveness of the conventional therapies.

Posts

RE: 3BP may advance to clinical trials with NewGLAB Co.

D, yes and from what I understand the company is positi...
By Jcancom, 3 hours ago

RE: Treatment of glioblastoma with herbal medicines

yes, so the pineal gland and endocannabinoid system see...
By johan, 4 hours ago

RE: Treatment of glioblastoma with herbal medicines

@johan Very interesting indeed Johan! It's like cancer ...
By Daniel, 5 hours ago

RE: 3BP may advance to clinical trials with NewGLAB Co.

@jcancom Hi J, you are right - and metabolic treatments...
By Daniel, 5 hours ago

RE: 3BP may advance to clinical trials with NewGLAB Co.

D, something that is also very exciting here is that an...
By Jcancom, 6 hours ago

RE: Treatment of glioblastoma with herbal medicines

here's another recent study on the body's internal cloc...
By johan, 9 hours ago

RE: Treatment of glioblastoma with

Case Reports in Humans:

Besides all the studies in the lab indicating the effectiveness of Mebendazole against various cancer types, below are two published scientific case reports that are clear and coming from trust-able sources. In both cases, Mebendazole has been applied after the patients were not responding anymore to conventional therapies. The medical doctors have decided to use Mebendazole following scientific results from various research groups suggesting Mebendazole may be effective for those cancer types. This indeed, was the case. The results were extremely promising:

Mebendazole monotherapy and long-term disease control in metastatic adrenocortical carcinoma https://www.ncbi.nlm.nih.gov/pubmed/21454232
Here is a PDF version available.

A 48-year-old man with adrenocortical carcinoma had disease progression with systemic therapies including mitotane, 5-fluorouracil, streptozotocin, bevacizumab, and external beam radiation therapy. Treatment with all chemotherapeutic drugs was ceased, and he was prescribed mebendazole, 100 mg twice daily, as a single agent. His metastases initially regressed and subsequently remained stable. While receiving mebendazole as a sole treatment for 19 months, his disease remained stable. He did not experience any clinically significant adverse effects, and his quality of life was satisfactory. His disease subsequently progressed after 24 months of mebendazole monotherapy.

My comments: as discussed in the article, the patient received only 200mg Mebendazole each day. That to me is the lowest daily dose and according to multiple sources the dose could be further increased with no issues. In addition, Mebendazole is known to be poorly absorbed in the body and there are ways to increase its absorption. All these will be further discussed in the “Dose and Application” section below, but the point is that while the medical doctors authors of this article have my highest regards, in the future higher dose can be used to try increase Mebendazole effectiveness.

Drug repositioning from bench to bedside: tumour remission by the antihelmintic drug mebendazole in refractory metastatic colon cancer. https://www.ncbi.nlm.nih.gov/pubmed/24160353
Here is a PDF version available.

A patient with refractory metastatic colon cancer was treated with MBZ at the standard anthelmintic dose of 100 mg twice daily. The patient experienced no

herbal medicines

Hi Manuel, I also feel Melatonin could be a great addit...
By johan, 10 hours ago

RE: Treatment of glioblastoma with herbal medicines

@johan Thanks Johan! This would not be possible witho...
By Manuone, 10 hours ago

RE: Ablation using gold nano particles was successfully achieved in 94% (15/16) of prostate cancer patients

Amazing! and amazing that we can even develop this type...
By Shanti, 11 hours ago

RE: Ablation using gold nano particles was successfully achieved in 94% (15/16) of prostate cancer patients

very promising!
By johan, 12 hours ago

Statistics since August 2015

Today's Visits:

401

Today's Visitors:

236

Total Visits:

3,847,503

Total Visitors:

subjective adverse effects at all from the drug and computerized tomography evaluation after six weeks of therapy showed near complete remission of the metastases in the lungs and lymph nodes and a good partial remission in the liver. At this stage, the liver enzymes AST and ALT were found elevated up to five and seven times above upper limit of normal and mebendazole was temporarily stopped and then reintroduced at half dose. Liver enzymes slowly decreased and the patient still reported no adverse effects from mebendazole. The disease was stable at a new CT, confirming the response observed earlier.

My comments: Since Mebendazole is not associated with hepatic dysfunction (Ref.) and since the daily dose used here is on the very low side, I suspect the elevation of AST and ALT was due to the tumor lysis.

Mechanism:

The primary anti cancer mechanism is related to the depolymerization of tubulin in human tumor cells caused by Mebendazole, **inhibiting mitotic spindle formation**, and therefore inducing mitotic arrest and apoptosis. This is a mechanism similar to that one I already described in details in the post on Griseofulvin: https://www.cancertreatmentsresearch.com/decide/ so I will not discuss again, here, the details of the mechanism.

Indeed, Mebendazole has been shown to cause mitotic arrest in parasitic cells as early as 197o's (e.g. Ref.). As a reference for the reader, at some level, Mebendazole acts similar to microtubule dynamic inhibiting chemotheraphies such as microtubule-stabilizing (*e.g.*, paclitaxel, docetaxel) or microtubule-destabilizing (*e.g.*, vinblastine, vincristine, nocodazole, colchicine) agents (Ref.)

Mebendazole has been found to work against tumors via other mechanisms as well:

- **angiogenesis inhibition** (Ref.) MBZ may inhibit the action of VEGFR-2 by binding to it (Ref.)
- **inactivates Bcl-2** and activates caspases to promote apoptosis in cancer cells, and the release of cytochrome c, which has also been shown to trigger apoptosis in malignant cells (Ref.). Here is how Bcl-2 fits into the picture (Ref.).
- **hedgehog inhibitor** (Hh) (Ref.) Here is how hedgehog fits into the picture (Ref.). The hedgehog (Hh) signaling pathway is activated in many types of cancer and therefore presents an attractive target for new anticancer agents. Hedgehog ligands or markers of downstream pathway activity have been detected in melanomas, lung cancers, ovarian cancers, adrenocortical cancers

and colorectal cancers (Ref.), which are all responsive to Mebendazole, as discussed above. Interestingly, among other Hedgehog inhibitors that have previously identified are also drugs that interact with microtubules, including vinblastine, vincristine, and paclitaxel (Ref.). Itraconazole, that I previously discussed in a different post is also a hedgehog inhibitor: https://www.cancertreatmentsresearch.com/itraconazole/ So there may be a connection between hedgehog inhibition and microtubule dynamics inhibition.

- based on the fact that ultra low dose microtubule inhibiting chemotherapy is known to **activate the immune system**, (https://www.cancertreatmentsresearch.com/ultra-low-dose-taxol/) it has been proposed that Mebendazole could do the same (Ref.)

Interestingly, Mebendazole is not toxic against normal cells. Researchers speculated a defect in at least one mitotic checkpoint function in tumor cells leading to their higher sensitivity to Mebendazole (Ref.).

Update November 2017: Here is an article, published this month, presenting a diagram with Mebendazole's anti cancer mechanisms known so far: https://www.tjpr.org/admin/12389900798187/2017_16_10_32.pdf

Side effects:

In general, the drug is well tolerated but some people may present adverse effects and may have to discontinue. Here is the product description https://www.janssen.com/canada/sites/www_janssen_com_canada/files/product/pdf/ver11192014cpm.pdf

At high dose, it has been found to possibly induce bone marrow suppression in patients chronic liver disease (Ref.) That reverted to normal after the drug was stopped. There are rare reports of reversible alopecia, urticaria, rash, gastro-intestinal upset, leukopenia, and neutropenia in some patients treated with high-dose MBZ (Ref.)

MBZ is contraindicated during pregnancy, due to its potential anti-angiogenesis properties.

In the event of accidental overdose, abdominal cramps, nausea, vomiting and diarrhea may occur (Ref.).

Dose and Administration:

One of the challenge with Mebendazole administrations is its low bioavailability which leads to only 20% absorption. The mebendazole plasma concentration-time profiles differed considerably between patients receiving 10 mg/kg Mebendazole; elimination half-lives ranged from 2.8-9.0 h, time to peak plasma concentration after dosing ranged from 1.5-7.25 h and peak plasma concentrations ranged from 17.5 to 500 ng/ml. (Ref.) Such doses are indeed in the plasma level reported to achieve anti cancer effects in the lab. Hoewever, as it can be seen the distribution of plasma level is wide so not everyone will reach high plasma level of Mebendazole.

Therefore, to address the challenge related to reaching a high level of mebendazole plasma level, which on one hand is due to the bad absorption and on the other hand due to a strong first pass metabolism in the liver, the following actions can be taken:

- administer with a fatty meal (Ref.)
- long term administration (Ref.)
- increased dose may increase the absorption (Ref.)
- given with Cimetidine (another of my preferred anti cancer drugs) (Ref.) will reduce its metabolism in the liver. Cimetidine can be found as an over the counter drug on eBay but should be used with care when combined with chemo as it will increase the plasma level of some of the chemos.

The low bioavailability is also probably why its side effects are very limited. Mebendazole is rapidly metabolized to less toxic metabolites by the liver, and this could be another reason for its low toxicity (Ref.). Increasing the plasma level with the strategy mentioned above, may also bring some side effects, so have an eye on that.

According to the literature, some people may absorb better Mebendazole compared to other, that may also lead to different effectiveness of Mebendazole in different people.

In the two successful case reports referenced above, the patients have used the minimum dose typically used against worms, i.e. 100mg 2x/day.

This, to my opinion is on the low side of the dose but could be the starting dose. A high dose, but still feasible, according to a World Health Organisation reference (Ref.) cited by the Anticancer Fund (Ref.), could be up to of 40–50 mg/kg/day for at least 3–6 months. This seems to be the long-term treatment of cystic

echinococcosis. Another reference in terms of max dose still feasible is that used for alveolar echinococcosis, where 40–50 mg/kg/day is used with treatment for at least two years, and possibly longer for patients with inoperable disease (Ref.).

Based on the above, a person of 50kg could use up to 2.5g Mebendazole for months to years. Actually, this website pointed out a discussion on Inspire website where a caregiver said a brain cancer patient accessing a clinical trial at John Hopkins Hospital was “taking 2500mg in the morning, 3000 mg in the afternoon & evening.” (Ref.) That is really a huge dose.

Indeed, there was a clinical trial at John Hopkins Hospital, involving Mebendazole for Brain cancer gave it at 3x500mg/day with meals, on a 28 day cycle (Ref.). I haven’t found yet the results reported.

Following the above discussions, I would take the daily dose split into two, during or just after breakfast and dinner, if possible together with Cimetidine 400mg 2x/day. I would always start with a low dose Mebendazole and go up step by step to the target dose. If the target dose is very high, I would split that in 3x/day. Also, please note that in the clinical trail they did not used Cimetidine. And since Cimetidine may very much increase the plasma level of Mebendazole (some say by 50%), in case we use that I would make sure the target dose is lower than what was used at John Hopkins Hospital.

Janssen Pharma product descriptions states the following regarding the dose: “In controlled safety studies, humans have received from 100 to 1200 mg of mebendazole daily for up to 14 days with no reported side effects.” (Ref.)

Source:

The brand name is Vermox, Benda, etc. sold as a solution or tablet. I prefer the tablet version. Those tablets come in 100mg or 500mg version. I prefer the 500mg version and cut them in pieces if lower dose is required.

Mebendazole is available at many pharmacies in many countries, online and over the counter. Here is an example of a version that is available over the counter at a super market in the Netherlands: https://www.kruidvat.nl/kruidvat-anti-worm-mebendazol-100mg-tabletten/p/1023933 . In this case 6x100mg tablets costs 3 euro.

Another option is to buy from eBay or from sites like this one: http://smartproduct4u.com/?ref=285 many of which are coming from Thailand.

Finally, if there is no other option or would like to go the low cost version, we can buy it from China, via Alibaba, at a cost of about 200 euro/kg if I remember correctly. But that is powder version. Btw, just think about this: 200 euro for 1000g in China vs. about 800.000 euro for 1000g in USA, after the price increase initiated by a US drug company last year. Imagine the gross profit on this one. How can, we, the society accept something like this???

Other clinics recommending Mebendazole:

Care Oncology Clinic in London, UK: http://careoncologyclinic.com/ They usually seem to give to their patients a combination of drugs including Sratin + Metformin + Doxycycline + Mebendazole. Here is an article explaining in details the price, activity and vision of this clinic http://www.telegraph.co.uk/wellbeing/health-advice/crowdfunding-cure-cancer/

References:

Mebendazole monotherapy and long-term disease control in metastatic adrenocortical carcinoma https://www.ncbi.nlm.nih.gov/pubmed/21454232

Repurposing Drugs in Oncology (ReDO)—mebendazole as an anti-cancer agent https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096024/

Mebendazole, a well-known anti-helminthic drug in wide clinical use, has anti-cancer properties that have been elucidated in a broad range of pre-clinical studies across a number of different cancer types. Significantly, there are also two case reports of anti-cancer activity in humans. The data are summarised and discussed in relation to suggested mechanisms of action. Based on the evidence presented, it is proposed that mebendazole would synergise with a range of other drugs, including existing chemotherapeutics, and that further exploration of the potential of mebendazole as an anti-cancer therapeutic is warranted. A number of possible combinations with other drugs are discussed in the Appendix.

Repositioning of the anthelmintic drug mebendazole for the treatment for colon cancer https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3825534/

Sixty-eight compounds were defined as hits with activity in both of these cell lines (<40 % cell survival compared with control) at 10 μM drug concentration. Analysis of chemical similarity of the hit compounds revealed several distinct clusters, among them the antiparasitic benzimidazole group. Two of these compounds, mebendazole

(MBZ) and albendazole (ABZ) are registered for human use. Data from the NCI 60 cell line panel revealed only modest correlation between MBZ and ABZ, indicating differences in mechanism of action. This was further supported when gene expression signatures were compared in the CMAP database; ABZ ranked very low when MBZ was used as the query signature. Furthermore, MBZ, but not ABZ, was found to significantly interact with several protein kinases including BCR–ABL and BRAF. Analysis of the diagnosis-specific activity of MBZ showed activity in 80 % of the colon cancer cell lines in the NCI 60 panel. Three additional colon cancer cell lines and three cell models with non-malignant phenotypes were subsequently tested, confirming selective colon cancer activity of MBZ. MBZ seemingly has repositioning potential for colorectal cancer therapy.

Repurposing the antihelmintic mebendazole as a hedgehog inhibitor https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4297232/

The hedgehog (Hh) signaling pathway is activated in many types of cancer and therefore presents an attractive target for new anticancer agents. Here we show that mebendazole (MBZ), a benzamidazole with a long history of safe use against nematode infestations and hydatid disease, potently inhibited Hh signaling and slowed the growth of Hh-driven human medulloblastoma cells at clinically attainable concentrations. As an antiparasitic, MBZ avidly binds nematode tubulin and causes inhibition of intestinal microtubule synthesis. In human cells, MBZ suppressed the formation of the primary cilium, a microtubule-based organelle that functions as a signaling hub for Hh pathway activation. The inhibition of Hh signaling by MBZ was unaffected by mutants in the gene that encodes the Hh pathway signaling protein SMO, which are selectively propagated in cell clones that survive treatment with the Hh inhibitor vismodegib. Combination of vismodegib and MBZ resulted in additive Hh signaling inhibition. Because MBZ can be safely administered to adults and children at high doses over extended time periods, we propose that MBZ could be rapidly repurposed and clinically tested as a prospective therapeutic agent for many tumors that are dependent on Hh signaling.

Combination of Manumycin A and Mebendazole in Human Breast Cancer Cell Lines, a PhD thesis from 2010 https://uh-ir.tdl.org/uh-ir/bitstream/handle/10657/166/HADDADIN-.pdf?sequence=2

An article on Mebendazole, on a nice website of a breast cancer patient: https://magiccocktailquest.wordpress.com/2015/06/08/mebendazole/

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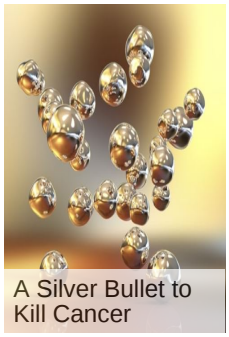

ADRENAL CANCER, ANGIOGENESIS INHIBITORS, BRAIN CANCER, COLON CANCER, COLORECTAL CANCER, LEUKEMIA, MELANOMA, MITOSIS INHIBITORS, SYNTHETIC 67 COMMENTS

← Your Contribution Needed on Breast Cancer Story from Emad

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67 thoughts on “Mebendazole: A Cancer Fighting Drug We Find at the Supermarket”

Alex

APRIL 25, 2017 AT 10:47 PM

Thank you Dear Daniel for all the priceless articles and information but also support you've so generously dispensed to us and the public.
May you have all the good health in the world to help you achieve your goals in life.
Warm Regards,
Alex

LOG IN TO REPLY

Daniel
APRIL 25, 2017 AT 10:54 PM

Thank you Alex!
However, instead of keeping for myself, I would like to pass all that to your mom and all those who are in very much need for good health. I hope this type of information will help on that line as well.
Also, you were ultrafast with posting a comment here, as I just published the post 🙂

Kind regards,
Daniel

LOG IN TO REPLY

Alex
APRIL 25, 2017 AT 10:58 PM

You are most generous, words can not describe our feelings,
as for my speed, i can be much faster when i am focused, much, much faster.https://www.youtube.com/watch?v=12u1nA7bXzc
Cheers

LOG IN TO REPLY

Alex

APRIL 26, 2017 AT 1:30 AM

Dear Daniel,
With regard to speed i write to you.
The link to the table https://1drv.ms/x/s!AgyLnvi3scoTojUrZihYZ4-NM1Ke
Between 18-feb and 6-march we only used aspirin and cbd oil
The rest is familiar, ALA, HCA, DCA, CA, Resveratrol, Cabbage Brine, Silimarin, etc……..
Funny thing is when we used only those 2, we got apparently slower growth than we are getting now.
I remember one of Ergin's reply about HCA potentially boosting cancer, i wonder and ponder.
Are you pondering what i am pondering?
It may prove crucial for so many to determine if HCA is to be "blamed" since in theory, all the others would have blasted cancer hard, in theory, at least hold it in place and not allowing it to grow.
So here i am a bit more "focused".
Many many Thanks,
Alex

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 8:12 AM

Dear Alex,

So far, all the science I came across indicates the anti cancer potential of HCA and not the other way around. As a result, I do not resonate with your thoughts. If you find literature to support that I would be please to closely study that. You could start your research by using this keywords in Google search "hydroxycitrate cancer growth".
It is easy for us to make misleading connections. To makes sure we made the right connections, we should constantly zoom in and zoom out.
Regarding your observation, i.e. tumor markers were growing slower at beginning compared to now could be due to at least 3 major reasons:
– it is well known that tumors have an exponential growth – so it is

possible that nothing of what you did actually seriously affected the normal trend of the tumor growth
– it is possible that while using high dose Aspirin you succeeded to dampen the tumor growth more than you did latter when you lowered the dose. However, that treatment was not sustainable since if you would continue with the oral dose you used at beginning you could also kill you dear mom not only the tumor due to the side effects that come with long term use of very high dose Aspirin.
– it could also be that CA fueled the tumor growth
Time will tell which of the above is true.
In conclusion, there is no way in my mind to connect HCA with tumor growth.

I would also like to kindly ask you and all, if we could address the questions in the right post so that when we look back for something we can find it in the right place. Thus, HCA question could be addressed in the anti cholesterol strategy post or the post on ACLY inhibition.
Thanks in advance for considering this aspect in the future.

Kind regards,
Daniel

LOG IN TO REPLY

shaneclark4420@gmail.com
JANUARY 9, 2019 AT 9:24 PM

Hello Alex I think I you would be interested in my story about mebendazole and cimitidine tablets curing me of cancer .I got the information about them from the same you have mentioned http://www.abovetopsecret.com I wrote about it about it on the same site and I also filmed the doctor when I explained to him about the drugs after he told me my cancer has gone .. Please take a read http://www.abovetopsecret.com/forum/thread990234/pg1. Thanks

LOG IN TO REPLY

ALBERTO
APRIL 26, 2017 AT 12:45 AM

Any one taking Albendazol? Would be great to know a protocol or similar to avoid side effects

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 7:59 PM

I do know someone using for long time Albendazole but he was using a lot of supportive supplements for the liver as well.

In a clinical trial, Albendazole was given orally on a day 1–14 of a 3 weekly cycle, starting at 400 mg BD with dose escalation until 1,200 mg BD.

Result of the trial: The maximum tolerated dose was 2,400 mg per day (1,200 BD). Myelosuppression was the main dose limiting toxicity. Fatigue and mild gastrointestinal upset were the other major adverse effects. 4 out of 24 assessable patients (16%) had a tumor marker response with a fall of at least 50% from baseline values and another patient had a prolonged period of stable marker response. A decline in plasma vascular endothelial growth factor levels was observed.

Conclusions of the trial: Albendazole was well tolerated on the schedule tested in this trial. The results of this study suggest that the recommended dose for further study is 1,200 mg twice daily for 14 days in a 21-day cycle.

Supporting the liver: e.g. silymarin, hepamertz, astragalus, alpha lipoic acid

LOG IN TO REPLY

Carl
APRIL 26, 2017 AT 8:57 AM

I always get excited when i receive a notification saying you posted a new article.

Thanks again for an excellent summary! It might be interesting to know that the Care Oncology Clinic cycles MBZ with Doxycycline. One month on, one month off
Regards,
Carl

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 12:41 PM

Thank you, Carl! That is interesting indeed. When I find the time, I will get in contact with them.
Kind regards,
daniel

LOG IN TO REPLY

Wondering
APRIL 26, 2017 AT 9:08 AM

And to me it seems that mebendazole does not have as brutal side effects as chloroquine for instance (retinopathy, nerve damage etc)

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 7:52 PM

That is also my perception W.

LOG IN TO REPLY

Wondering
APRIL 26, 2017 AT 9:11 AM

and for anyone interested, the thailand source daniel proposed above is very reliable and very responsive, highly recommended.

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 7:51 PM

Nice to hear that W. I also had a good feeling about them when I ordered something, sometime ago.
Kind regards,
Daniel

LOG IN TO REPLY

Ergin
APRIL 26, 2017 AT 9:44 AM

Dear Daniel,
Thank you for this new post.I like mebendazole too much.
It is in my top 3 drug list.I have seen good responces after taking mebendazole.
As far as i know,alternmed was using Albendazole for his dear mom.
Kind Regards
Ergin

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 7:50 PM

Thank you Ergin. Can you share your top 3 drug list with us?

Kind regards,
Daniel

LOG IN TO REPLY

Ergin
APRIL 26, 2017 AT 10:18 PM

Hi Daniel,
1-Why mebendazole?Bowel obstruction released,it is a perfect happening for us these days.
2-Phlorizin,as you know i am in love with it and i will use it as a golden shot with hyperthermia.
3-Lonidamine.(It is working synergetic with Phlorizin)
There is a comparison with 3BP and Lonidamine below but i dont understand too much.Which one is better?
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4585687/
Kind Regards
Ergin

LOG IN TO REPLY

Daniel
APRIL 27, 2017 AT 12:24 AM

Thanks. For keeping gastro intestinal path safe I would also consider on of the best https://www.cancertreatmentsresearch.com/pyrvinium-pamoate/ just gastro intestinal because it cannot be absorbed beyond.
Answer to the question: 3BP

LOG IN TO REPLY

Ergin
APRIL 27, 2017 AT 7:57 AM

Thank you very much Daniel.I have to work on PP too much.
Because if you have a bowl problem,you can't do any treatments nor eating.
Great Help

LOG IN TO REPLY

Daniel

Vincent
APRIL 26, 2017 AT 12:16 PM

Both the Kruidvat drug store chain as its twin compagny Trekpleister sell them at 2.59 euro (2.75 USD today) OTC in the Netherlands (I am Dutch). However they appear not to sell them online abroad. They are selling a generic copy of the originals, but besides color of the tablet, I havent noticed any difference (have used both in the past).

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 12:45 PM

Thank you Vincent. I've seen them in Kruidvat indeed 🙂

LOG IN TO REPLY

Vincent
APRIL 26, 2017 AT 12:19 PM

As far as the Norwegian CRC patient with great initial response…in the end brain mets turned up. His doctor tried the MBZ approach in five other patients, with only one minor response as result.

LOG IN TO REPLY

Daniel
APRIL 26, 2017 AT 12:47 PM

Indeed, there is a paragraph on that in the Anticance Fund article stating the following:
"A case of metastatic colon cancer treated with MBZ was described by Peter Nygren and Rolf Larsson in 2013 [24]. Here, a 74-year-old patient suffering from progressive metastatic colon cancer had been treated first with capecitabine, oxaliplatin, and bevacizumab, and then by capecitabine and irinotecan in the face of disease progression, and who had no standard treatment options available was started on an oral dose of MBZ of 100 mg twice a day. MBZ was selected based on the author's previous pre-clinical work with MBZ [20]. After six weeks of monotherapy, radiological evaluation showed near complete remission of metastatic lesions in the lungs and lymph nodes and a good partial remission in the liver. However, the patient experienced elevated liver enzymes (AST and ALT), so MBZ was temporarily stopped and then started at half the dose, with the patient reporting no ill effects. Liver enzymes normalised and a subsequent round of CT scans confirmed the initial disease response. After ceasing treatment for approximately three months, the patient developed brain metastases that were treated with radiotherapy, following by evidence of disease in the lymph nodes. MBZ treatment was not recommenced following the discovery of the brain metastases or in subsequent disease progression. A further five patients have been treated, with one experiencing a minor remission [Private communication from Peter Nygren]." https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096024/

LOG IN TO REPLY

Jcancom
APRIL 27, 2017 AT 7:32 AM

D, you have so many great suggestions on your site!

Love to hear your comments about dandelion root. This one sounded out there, though a phase 1 trial has been given the go ahead. In preclinical research single agent treatment resulted in tumor stasis.

Also love to hear what your opinion is of liposomal formulations. There is an evolving technology base that perhaps could be applied to a very wide range of treatments. Wonder whether liposomal vitamin C with a targeting mechanism could be added on top of IV vitamin C to push the tumor into a total ROS crisis.

Best Wishes

LOG IN TO REPLY

Daniel
APRIL 27, 2017 AT 8:41 AM

Hey J,

Very nice to hear from you. I think dandelion root is indeed relevant, but in order to comment on that I will have to look in to it in details. I will do that asap. Also interesting to hear about phase 1. Regarding liposomal formulations, I was very excited some years ago. I think we also discussed on Compass. Yet, I haven't heard anyone reporting outstanding results after using them (Vitamin C, Resveratrol, etc.). Have you heard of any? In theory I like the idea and I think I added a link on the Vitamin C post, to a website of a researcher who is expert in making the liposomal version.

Kind regards,
Daniel

LOG IN TO REPLY

Wondering
APRIL 27, 2017 AT 11:58 AM

hi Jcancom,
never heard about dandelion root being potent. Its funny – i keep seeing this plant where i live, it seems to me very invasive. will check – and maybe dig deep :D:D:

LOG IN TO REPLY

Meech
APRIL 27, 2017 AT 3:42 PM

I've used Dandelion root tea for a few months. I don't remember if there were great results or anything (I suspect not) but there were no side effects.

LOG IN TO REPLY

Jcancom
APRIL 27, 2017 AT 4:04 PM

Sorry here are some references about dandelion root.

This one impressed me. PMID: 27564258
Report suggests anti-cancer effects in pancreatic, colorectal and other cancers.
I found Figure 4B especially impressive: the tumor has essentially stopped growing.
Such a strong result for a single agent treatment is encouraging.

Here's some more of the background.
https://www.cancertutor.com/dandelionroot/

LOG IN TO REPLY

Jcancom
APRIL 27, 2017 AT 4:26 PM

"The diuretic effects of dandelion can lead to increased excretion of certain medications. …
Dandelion leaf contains coumarins, chemicals which increase the risk of bleeding."

Dangers of dandelion

http://www.livestrong.com/article/210093-dangers-of-dandelion-tea/

LOG IN TO REPLY

Hectoria
MAY 16, 2017 AT 4:19 PM

Hi Daniel, I am not on mebendazole regularly (although I do sometimes have some.) However, looking at this wonderful information you have put up on this page, perhaps I should be taking albendazole for advanced ovarian cancer?
I was taking cimetidine but I stopped after somebody told me it was an oestrogen driver.
I am rattling with all the drugs and supplements I am taking. I don't know if it is all these drugs, potions and tablets that is making me feel so bad every day, or if it is the cancer progressing. My CA125 is rising constantly, but it always has and I have managed long spells without treatment. How can I work out if it is all the drugs that are making me feel bad?
I have reduced all the supplements I was on because I felt there were too many. I was taking over 100 tablets a day at one point which is just mad I think. Does anyone agree?

LOG IN TO REPLY

Wondering
JULY 10, 2017 AT 11:35 PM

Hectoria,
how are you?
I agree its quite heavy to take so many pills and even tiring. I stop at around 40 which might also look crazy to many.

LOG IN TO REPLY

helene
JULY 11, 2017 AT 3:53 PM

Wow. Congratulations on your searching. You found very important informations.
Did you used this combination Mebendazole+Doxicicline? Did it worked?
Thx.

LOG IN TO REPLY

Daniel

JULY 17, 2017 AT 9:06 AM

Hi Helene,

Thank you.
It depends what you mean by working.
My interpretation of a working treatment approach is that it will at least extend the life of the patient (while not reducing its quality). We did used Mebendazole and Doxi and we felt it helped a lot and had their own contribution to the extra years we've gained.

Kind regards,
Daniel

LOG IN TO REPLY

Nuri Alfasi
JULY 26, 2017 AT 11:57 PM

Excellent information. Will certainly try it in my practice.

LOG IN TO REPLY

Daniel
JULY 29, 2017 AT 1:12 AM

Thank you for the feedback dr. Nuri. Please keep us up to date with the results, since this info will help many other people. Also, if you are aware of any other treatments with potential, we here are always glad to know them and research them.

Kind regards,
Daniel

LOG IN TO REPLY

Amanda
AUGUST 12, 2017 AT 1:55 AM

It seems there is a rebound effect once the mebendazole is stopped, tge cancers seemed to come back. If I start taking it does that mean I will have to remain on it indefinitely?

LOG IN TO REPLY

Daniel
AUGUST 12, 2017 AT 11:52 PM

If I would use MBZ and see results I would indeed take it for long time. There are studies on people taking it for many years with no specific side effect.

LOG IN TO REPLY

Aline
NOVEMBER 26, 2017 AT 2:17 AM

Boa noite !
Vocês já ouviram falar em Auto Hemo Terapia ?
Uma técnica usada aqui no Brasil principalmente para CA leucemia e usado junto com ascaridil,

Google Translation:

Good evening !
Have you ever heard of Auto Hemo Therapy?
A technique used here in Brazil mainly for CA leukemia and used together with ascaridil,

LOG IN TO REPLY

Daniel
NOVEMBER 29, 2017 AT 9:43 PM

Hi Aline,

Yes, I heard of autohemotherapy. I have no scientific background on that line yet. I find it interesting as a concept and since there are no special side effects I would try it. But I would not completely rely on that as single treatment strategy – instead, I would make sure I use other treatments in parallel.

Kind regards,
Daniel

LOG IN TO REPLY

Atom
JANUARY 27, 2019 AT 6:56 PM

Hello Daniel,

first, thank you for all the work you are doing!
Than, eventhough I have not been diagnosed yet I do have very same sympthoms of pancreatic cancer for couple of months.
All my blood results are pretty normal except a higher bilirubin (but I do have Gilbert syndrome so hard to say :-/) and IGG4 which is a bit higher 1.7g/L, CEA 2.7 and CA19-9 about 17 kU/l (both within a normal range, but this does not mean much sometimes). I have been reading about autoimunne pancreatitis, but they tend to have much higher serum IGG4 anyway. There is about 10 percent PC pacients with higher IGG4 serum levels (exactly at the same levels as mine). Abdominal ultrasound is showing nothing for few times and endoscopic ultrasound (EUS) could not be made because the probe was blocked inside my throat so the operator could not get in for safety reasons. I have done MRI without contrast (+MRCP) /, showed only mild narrowing in left hepatic duct. I have lost several kg during few months and instead of waiting I have been proactive and googled a curcumin and other stuff I have been taking during that time.
Until I have found your site and started to be more systematic, therefore I m running on Metabloc (ALA+HCA) + quercetin+EGCG before meal and resveratrol + tocotrienols + boswellia extract after the meal. I´do also have Omeprazol 2 times per day. I would like to start using the Mebendazole but I have not found any info concerning other protocols that could be used along with the Mebendazole. I would

like to keep it as simple as possible with only those items that will actually work together. Or is there any protocol / substance which is not recommened to take during the Mebendazole treatment?

Sorry for such a long comment :-/

T.

LOG IN TO REPLY

Daniel
JANUARY 28, 2019 AT 1:56 PM

Hi T,

You are very welcome. Loosing kg as a result of cancer would usually happen when cachexia is present and is correlated with a large amount of tumour cells which is not the case here. So let's hope and expect there is no cancer. Mebendazole and Omeprazole are over the counter drugs so anyone could try them anyway. At this point, I would not go for Albendazole (you mentioned that in the other comment) or similar due to the high toxicity at the liver. The other supplements sound good. Other supplements and drugs that may be relevant are mentioned here https://www.cancertreatmentsresearch.com/cancer-treatments/
In general, I would have a preventive focus in your case, and when we speak about prevention on major point we should think of addressing is Inflammation. Life style (including diet and exercise) would be the base to address inflammation, and next to that we can add drugs such as Low Dose Aspirin (100mg/day) and supplements such as Omega 3 and Curcumin. Addressing the immune system with supplements such as those mentioned at the link above (e.g. Coriolus), as well as using probiotics (fermented foods) should also help on this line. A little similar discussion we had here https://www.cancertreatmentsresearch.com/community/forum-to-discuss-treatment-protocols-and-drugsupplement-cocktail/reducing-supplement-protocol-berberine-metatrol-alamax/#post-828
Answering your question: I am not aware of any drugs that should not be combined with Mebendazole but you can always check interactions here https://reference.medscape.com/drug-interactionchecker?src=google
Thank you for pointing out Essential Forte.

Kind regards,
Daniel

LOG IN TO REPLY

Jcancom
JANUARY 28, 2019 AT 3:23 AM

Atom, I really like this one for pancreatic diagnosis. Of course, one would not to rely on it by itself, though it can give up to 3 years (perhaps even 4 years!!) early warning before symptoms even emerge. It is very difficult for me to understand why this has not been applied to the clinic already. Waiting until frank pancreatic cancer symptoms develops until a diagnosis is made can hardly be regarded as ethically acceptable. The figure from the article shows clear hyperglycemia with a quadratically increasing fasting glucose level 3 years before typical diagnosis. It is startling! Pancreatic cancer appears to generate a large amount of glucose. Does any other cancer do this? This is an entirely novel manifestation of the metabolic perspective of cancer.

It is not clear to me yet how this information will be used by clinicians. They might want to confirm this with a dose of 3-BP. If the glucose levels were knocked down, then they might conclude that pancreatic caner was present. Alternatively, with further imaging etc. it might thought best to move to surgery right from there. 3 years ahead of symptoms might be ahead of metastatic spread.

https://www.ncbi.nlm.nih.gov/pubmed/?term=29723506

LOG IN TO REPLY

Atom
JANUARY 28, 2019 AT 8:07 AM

thanks Jcancom, I will definitely monitor my glucose level as it´s already on the low prediabetes side (5.7 mmol/l) but the value remains pretty stable for few months and I do not actually know the value prior the symphtoms. I have just found an article about Fenbendazol – it´s easier to find locally, so I will go probably that way.

LOG IN TO REPLY

Atom
JANUARY 28, 2019 AT 8:29 AM

..and when talking about Albendazole and liver support. One would try Essential Forte as it´s widely used in bodybuilders comunity when/after they stop with steroid course to quickly detox they liver so they can start with the next steroid course as soon as possible.

LOG IN TO REPLY

Daniel
JUNE 23, 2019 AT 12:01 AM

Recent (since 2018) patent pending application on Mebendazole to be used as a cancer therapy:
“Mebendazole cancer therapies and methods of use”
https://patents.google.com/patent/US20190175560A1/en
This was done by SHEPHERD Therapeutics, http://shepherd.bio/our-story/the-idea/, a company claiming to do it’s best for cancer patients. Yet, I find it unfair to take common knowledge and try to make money out of that, while possibly restricting it’s application in oncology as a cheap repurpused drug.
At least, more and more of our society is recognizing its potential.

LOG IN TO REPLY

ovidiu
JUNE 25, 2019 AT 9:40 PM

@Daniel: I think it would be fair to first ask them, if they plan to litigate, against those who allegedly would infringe on their Mebendazole related patent.
They may be after money, or they may just try to establish a clear “prior art” case (patent priority date); actually, I would recommend that you do patent treatments endorsed by your Foundation (and license them freely, requiring just some registration), just to clearly establish the “prior art”. Otherwise some drug

companies could patent anti-cancer combos that have been proven to work, and then ask for money, from people or clinics using the combos.

LOG IN TO REPLY

Daniel
JUNE 26, 2019 AT 1:10 AM

Fair point Ovidiu. It would be interesting to know the answer if anyone can contact them.
It just didn't sounded right to me given that they are not the inventors. I am even wondering how it was possible to have the application even considered, given all the scientific articles already made public in the years prior to the application.

LOG IN TO REPLY

ovidiu
JUNE 26, 2019 AT 7:11 PM

@Daniel: I browsed their patent (it's a lot of Legalese, covering exhaustive applications), and to me it looks like they patented Mebendazole as a chemosensitizer, in various formulations, acting against common and rare cancers.
Many of their claims were cancelled, and I wonder if it was because of prior art in the public domain, or in other patents…

It is common to see patents covering other peoples' genuine innovations, unfortunately.
Hopefully if Shepherd will defend their Mebendazole patent, they won't do it in East Texas…

LOG IN TO REPLY

Daniel
JUNE 27, 2019 AT 1:24 AM

Thank you Ovidiu. Indeed many of the claims were cancelled.

LOG IN TO REPLY

Yudaitheska
JUNE 27, 2019 AT 12:41 AM

I was watching a recent talk(about a month ago) given by Dr. Burton Berkson (easily found in YouTube) where he says he has already been using Mebendazole as a Cancer treatment combined with Cimetidine, ALA, HCA, LDN

LOG IN TO REPLY

Daniel
JUNE 27, 2019 AT 1:08 AM

Thanks for the heads up on that. I like all of them.

LOG IN TO REPLY

nissim
AUGUST 27, 2019 AT 10:51 PM

Dear Daniel,

From what we understand, having reasonable blood counts is a must during chemotherapy treatment, allowing further chemotherapy treatment cycles.

With relation to the above, we would appreciate your opinion regarding some warnings in the product monograph of mebendazole (https://www.janssen.com/canada/sites/www_janssen_com_canada/files/prod_files/live/vermox_cpm.pdf) and especially about reported cases of neutropenia and agranulocytosis:
"…There have been reports of reversible liver function disturbances, hepatitis, and neutropenia described in patients who were treated with mebendazole at standard dosages for indicated conditions.
These events, along with glomerulonephritis and agranulocytosis, have also been

reported with dosages substantially above those recommended and with treatment for prolonged periods of time…"

We understand that quite many patients are applying some "cocktail" protocol to enhance their recovery chances and many of these protocols include mebendazole, but is it less recommended/ not recommended during the period of chemotherapy treatment, for the above concerns?

Many thanks for your ongoing important help for the patients and their families!

Best regards, Nissim

LOG IN TO REPLY

Daniel
AUGUST 28, 2019 AT 1:02 AM

Dear Nisim,

In my view Mebendazole is a safe drug. Safe enough to be an over the counter drug. That is ofcourse a general statement. Specifically, every person is different and there will be always some cases of people having undesired reactions to some drugs even if they are safe for most of the people. So what I would do is to introduce it between a cyle of chemo at a low dose (i.e. 100mg/day) and see if there is any specific reaction. Btw, have you seen the discussion with Manuel on this forum. He is managing his mom's brain cancer with a combo of drugs and supplements https://www.cancertreatmentsresearch.com/community/metabolic-inhibitors/combo-metformin-and-syrosingopine-looks-awesome/paged/2/#post-993 (if I remember correctly you are looking for treatment options for brain cancer)

Kind regards,
Daniel

LOG IN TO REPLY

nissim

AUGUST 28, 2019 AT 4:21 PM

Dear Daniel,

Many thanks for the answer and the additional reference!

Yes, you remember just right 🙂
My question is related to my brother, 45 years old, with GBM grade IV (right temporal, since 3/2019).

So far he got SOC therapy including:
* Tumor resection (quite good with no damages)
* Radiotherapy (30*2 gy)+ TMZ (75mg/day)
* 2 (of 6) additional adjuvant TMZ cycles (150 mg/day * 5 days / every 4 weeks).
* Due to his having methylated MGMT, and based on a few clinical trials from Germany+US that we saw, we requested and he was approved by his physician to start this 3rd cycle an optional chemotherapy including: [CCNU (Lomustine 100 mg * 1day) + TMZ (100 mg/day * 5 days)] / every 6 weeks. Remark – as in the clinical trials, in the next remaining 3 cycles TMZ might be updated up to 200 mg/day based on the blood counts results.

His blood counts were quite good after each chemotherapy cycle with TMZ and we hope to see this also with the updated, more aggressive, CCNU+TMZ therapy,

This is why we raised the question about the Mebendazole warnings regarding blood counts…
I believe we'll wait for the next blood count with the updated chemotherapy and try to introduce the Mebendazole as you suggested.

Any comment/ suggestion will be appreciated!

Beast regards,
Nissim

LOG IN TO REPLY

johan
AUGUST 28, 2019 AT 8:51 PM

Hi Nissim,
My father-in-law is a GBM IV survivor, almost 17 years, he was 52 when diagnosed. He received surgery, radiation followed by TMZ. He had a recurrence during TMZ and then got CCNU+Tamoxifen(40mg). To date, he's on a maintenance dose of Tamoxifen(20mg). While he was on CCNU and Tamoxifen he also took 15mg of Melatonin. In addition, he took a supplement which isn't available any longer but Sodium phenylbutyrate is a good substitute for what he took (antineoplastons A10).
Hope this helps,
Johan

LOG IN TO REPLY

nissim
AUGUST 28, 2019 AT 9:14 PM

Hi Johan,
Many thanks for this enriching information, it sure help and encourage us!

I don't know which pathological and genomic tests were common 17 years ago, but do you have any idea about it with regard to your father in law?

Many thanks and we'll investigate it further!

Best wishes,
Nissim

LOG IN TO REPLY

johan
AUGUST 28, 2019 AT 9:29 PM

Hi Nissim, they didn't do genomic testing, it's been a long time ago indeed.
All the best
Johan

LOG IN TO REPLY

victorjan
AUGUST 31, 2019 AT 8:53 AM

Dear Daniel,

Greetings!
Any thoughts/any other information on using Cyber Knife for treating adrenal cancer aside from using MBZ?
Thank you very much.

Best Regards,
Vic

LOG IN TO REPLY

Daniel
AUGUST 31, 2019 AT 12:28 PM

Dear Vic,

When was the tumor found? What size? What stage? How was treated so far (e.g. Mitotane, chemo, surgery?) and if any, what was the response to that?
Have you seen this? https://www.cancertreatmentsresearch.com/acc-adrenocortical/

Kind regards,
Daniel

LOG IN TO REPLY

victorjan
AUGUST 31, 2019 AT 3:03 PM

Dear Daniel,

It was found out earlier this month. Sad to say that it has already metastasized on her lungs and liver. The treatment hasn't started yet. They are still waiting for the

results of the bone scan. Yes sir, I have read the article. I'll be sharing it to them. I emailed Dr. Pan Pantziarka, one of the authors of Repurposing Drugs in Oncology (ReDO)—mebendazole as an anti-cancer agent and the Programme Director Drug Repurposing at anticancerfund.org, he mentioned that they might be able to help in assessing the case and maybe give advise to the oncologist based on their findings. Thanks to you and this blog, I was able to connect with shaneclark as well. I was able to receive very useful information about his regimen that might help later on. Sir, if I may ask for your email so I can share it to the patient so she can connect with you. My email is victorjanedwards@gmail.com.

Thank you very much.

Regards,
Vic

LOG IN TO REPLY

Daniel
AUGUST 31, 2019 AT 3:55 PM

Hi Victor,

Thanks for the info. This is an aggressive cancer so the patient and doctors will need to move fast in terms of considering options and starting their application. I like anticancerfund and it's a good idea to be in contact with them, indeed. My contact details are here https://www.cancertreatmentsresearch.com/contact/ but I prefer to discuss here and not on private e-mails so that others can benefit from the discussions, unless there are details that have to be kept private.

Kind regards,
Daniel

LOG IN TO REPLY

victorjan
AUGUST 31, 2019 AT 4:53 PM

Hi Daniel,

Thanks a lot. I'll update as soon as I can.

Regards,
Vic

LOG IN TO REPLY

victorjan
AUGUST 31, 2019 AT 5:27 PM

Hi Daniel,

Just a follow up question, are there any interactions between mitotane and mebendazole?as well as with Cimetidine and Glutamine?

Any thoughts on these?
1)Adrenocortical Carcinoma Treated by CyberKnife – https://www.ncbi.nlm.nih.gov/pubmed/27477410
2)Treating Adrenal Tumors in 26 Patients with CyberKnife: A Mono-Institutional Experience -https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3835566/

Thanks again.
Best Regards,
Vic

LOG IN TO REPLY

Daniel
SEPTEMBER 1, 2019 AT 11:45 AM

HI Victor,

There are no known interaction between the two according to https://reference.medscape.com/drug-interactionchecker?src=google
The only issue is related to Mitotane which is very toxic – adding other drugs,

even those with very low toxicity like Mebendazole, may be challenging in the context of Mitotane. As you probably know, Mitotane is the only treatment officially approved for adreno cortical carcinoma https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6182924/, while it's role in prolonging survival is highly debatable. I know doctors who are even suggesting to their patients not to use it …

I would not use Glutamine.

The CiberKnife option looks very good to me and I will add this option to the ACC page. Combining CiberKnife with strategies to enhance the activity of the immune system and/or metabolic strategies and/or pH strategy (https://www.cancertreatmentsresearch.com/ph-cancer-a-top-treatment-strategy/) and/or reducing intracellular antioxidant production (e.g. with Auranofin) would help. Actually I think Auranofin may help a lot if the patient has a functional tumor leading to high levels of DHEA – the combo of two will strongly affect the cancer cells and make them more susceptible to radio and chemo.

If the patient has high levels of Cortisol, leading to increased heart rate and blood pressure, Propranolol will help a lot in my experience. And it comes with good anti cancer effects.

Kind regards,
Daniel

LOG IN TO REPLY

victorjan
SEPTEMBER 1, 2019 AT 6:23 PM

Dear Daniel,

Thanks again for all your valuable inputs. Currently checking out hospitals that offers CyberKnife .

You're a blessing.

Kind Regards,
Vic

LOG IN TO REPLY

Daniel
SEPTEMBER 1, 2019 AT 6:36 PM

Hi Victor,

Great! When you have more info on Cyberknife locations that are willing to treat ACC, please share that on the ACC page too so that other can make use of that info https://www.cancertreatmentsresearch.com/acc-adrenocortical/ Thank you.

Kind regards,
Daniel

LOG IN TO REPLY

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