Dr. David Williams

Alternatives®

For the Health Conscious Individual

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A Cure for Cancer...Hidden in Plain Sight

If you were diagnosed with metastatic melanoma, were told you had at most three months left to live and no chance of survival, so you should contact hospice…what would you do? I was with my friend Benton a year ago when he received this exact news.

A couple of weeks ago, I spoke with Joe Tippens, another gentleman who had been diagnosed with incurable, advanced small-cell lung cancer. Joe was given less than a one percent chance of survival and possibly three months to live. With aggressive chemotherapy, radiation, and an experimental drug, doctors might be able to extend that timeframe to a year, at best.



Dr. David Williams

Today, Benton is still alive, almost clear of any signs of melanoma and enjoying life to the fullest. And when I recently spoke with Joe, he had just completed his tenth quarterly checkup at MD Anderson Cancer Center in Houston, where he was found to be completely cancer free.

While both of these men underwent chemotherapy, radiation, and experimental immunotherapy, they also made the brave decision to implement other unapproved therapies—a decision that I have no doubt saved their lives. If you or a loved one are ever faced with such a horrific scenario, knowing exactly how to use one of these therapies could be the difference between life and death.

Unfortunately, the effectiveness of this cancer-fighting therapy has been known for quite some time but has been withheld from the public. The secrecy has primarily been for financial reasons, as I'll explain later. But more importantly, I want to share the research supporting this therapy, how to obtain it inexpensively, and exactly how to use it.

No Hope...to Remission

Joe's story best illustrates what the public is allowed to see, as opposed to what's often happening behind the scenes in the business of treating cancer.

In the fall of 2016, Joe was leaving the US to start a new job in Zurich, Switzerland. Two days prior to his flight, he was experiencing what he thought was simple congestion. He stopped at a neighborhood clinic for a prescription. However, a routine chest X-ray revealed a mass in his left lung the size of a fist. This led to a diagnosis of small-cell lung cancer and within a few days, the start of intensive chemo and radiation therapy at MD Anderson.

As Joe put it, "The radiation turned my esophagus into fried bacon." He couldn't eat or swallow anything. Rather than agree to a feeding tube, he decided to "live off his fat stores" and use an IV to keep his body hydrated. After eight weeks, his weight dropped from 200 lbs to 105.

After completing chemo and radiation in January 2017, Joe was scheduled for another PET scan. It revealed the therapies had indeed stopped the growth in his left lung. But it also showed that the cancer had spread to his neck, right lung, stomach, liver, bladder, pancreas, and tail bone. In his words, "The PET scan lit up like a Christmas tree."

As I mentioned, the odds of curing small-cell lung cancer aren't good to begin with, and when it has spread to that many locations, it is considered incurable…less than one percent cure rate with an average life expectancy of three months.

That's when doctors told Joe they wanted to put him in clinical trial—not one that would save his life, but one that might extend it by a year or so. He obviously agreed.

Many of these types of cancer studies are not designed to test for a possible cure, but rather to see

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if a drug can either improve quality of life during a patient's last days or possibly extend remaining time. Typically, these studies are only approved for patients whose cases are considered hopeless and there's nothing more that can be done. In Joe's case, this was one of those studies.

With little hope left, Joe returned home to Oklahoma. Two days later, he contacted his friend, a large animal veterinarian, who had posted a story online about a scientist working for Merck pharmaceuticals in the veterinary division.

The scientist happened to be testing the effects of their existing products on mice that had various cancers. That's when she discovered that one of their dog products (a dewormer) was 100 percent effective. This same scientist had stage 4 brain cancer and, like Joe, was also given three months to live. She started taking the dog dewormer and six weeks later, she was clear of the cancer.

On January 15, 2017, without informing the oncologists at MD Anderson, Joe started taking the same dewormer while continuing on the experimental drug.

Every quarter since he began this treatment, Joe goes to MD Anderson for a PET scan. May 2017 was three months after having the PET scan that lit up like a Christmas tree, with cancer from "head to tail." The May scan came back all clear. There was no sign of residual tumors, no recurrent tumors, and no signs of metastasis.

The oncologists were totally mystified. Joe suspected it was the dewormer but decided that it wasn't the right time to tell them.

At that point he couldn't be 100 percent certain whether it was the dewormer working or the clinical trial drug they were giving him. He certainly didn't want them to take him off the trial drug if it was responsible for clearing the tumors.

The clinical trial ended in September 2017, and he was scheduled for another PET scan. That scan was also all clear, without any sign of cancer.

Since the clinical trial had ended and getting kicked off was no longer a concern, he decided it was time to come clean and tell the oncologists about using the dewormer. But before telling them, he wanted to know how many people were in the same clinical trial as he was, and how many of them had responded positively to the experimental drug.

He was told 1,100 patients were in the same trial and taking the exact same medication as Joe. However, Joe was the only person whose cancer had gone into remission. It obviously wasn't a result of the experimental drug.

That's when Joe told them about taking the dewormer. They were shocked. But their reply was even more shocking.

Here is their conversation with Joe, as he relayed it to me:

"We've known for decades that the anthelmintic class of drugs could have possible efficacy against cancer. In fact in the 1980s and 1990s there was an anthelmintic drug called Levamisole that was used on colon cancer."

Joe said, "Doc, if you have known for decades, why hasn't more research been done on it?"

He replied, "Probably because of money. All of these drugs are far off patent and nobody is going to spend a gazillion dollars to repurpose them for cancer, only to have generic competition the next day."

The "Business" of Cancer In America

Personally, I understand this situation. I've seen similar scenarios repeated over and over again in health care.

What I don't understand, however, is why the public is always kept in the dark about potentially lifesaving therapies. And there's something

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even more disturbing, and extremely sickening, to me with this situation.

When the oncologists at the world's top cancer treatment center are aware of a safe, readily available product that has the potential to cure cancer, why are they not using it??

Like many of the therapies I've reported on during the last 30-plus years in this newsletter, it comes down to money. It goes back to a perverse translation of the "Golden Rule," i.e. "He who has the money make the rules."

In the three decades I've been studying, researching, and reporting on alternative therapies, there are a couple of questions that I'm always asked: "If something is really this effective, inexpensive, and safe, then why doesn't everyone know about it? And if it's so good, why isn't it being recommended and used by everyone in health care?"

When I first started on this path of seeking tools to help restore and protect health, I thought the answer to this question was simple. After all, while their approaches may differ, it only stands to reason that all doctors have the same basic goals.

The mission, at least I believed, is to minimize illness and pain, cure disease, and help everyone live the healthiest, longest, and most fulfilling life possible.

As such, the only reason alternative therapies and techniques aren't typically accepted has to be either 1) doctors are unaware of them, or 2) they aren't convinced these treatments actually work.

That's where I wanted to make a change. I traveled all over the planet to search for unknown cures, confirm the results of any supporting research, and then share the details with the world.

Unfortunately, it's not always this simple, particularly when it comes to the business of health care. And nowhere is this more apparent than in cancer treatment.

Cancer has become a $500 billion-a-year business. Cost figures continue to skyrocket with some novel cancer therapy agents costing over $60,000 a month and the average agent totaling around $10,000 a month. Add on hospital expenses, doctor fees, radiation, homecare, etc., and the average dollar amount can easily run into the hundreds of thousands.

There are approximately 1,500 cancer centers in the US alone. MD Anderson employs more than 20,000 people, including over 1,600 faculty members. They treat more than 100,000 patients each year.

Behind MD Anderson, there's Memorial Sloan Kettering in New York City, Mayo Clinic in Rochester, Minnesota, Dana-Farber/Brigham and Women's Cancer Center in Boston, UCLA Medical Center in Los Angeles...and the list goes on and on.

Cancer is just one example of how misguided our vision has become when it comes to the treatment of disease. We see a similar pattern with heart disease, diabetes, obesity, depression, arthritis, and practically every other ailment.

We no longer talk about cures. The focus has shifted to developing drugs and programs that manage and control disease. There's no money in curing and eliminating diseases. But there's a neverending profit stream associated with managing them.

It's hard to believe that the primary goal of these cancer facilities is to find a cure and put themselves out of business. If a universal cure to cancer is discovered, rest assured the industry will make it difficult to obtain, and it will cost an absolute fortune. None of the mission statements of these centers, that I read, mentioned the goal of shutting down. Quite the contrary, the emphasis was on growth and expansion.

I could rant forever about this misguided path. But that's not my focus. My focus, as always, is to help you have the tools and knowledge to protect yourself and the ones you love. However, it helps to understand the background as to why safe and effective therapies, such as this dog dewormer, aren't widely publicized.

All About Fenbendazole

The dewormer is called Panacur C. The active ingredient is *fenbendazole* (FenBen for short).

Fenbendazole belongs to a family of drugs called benzimidazoles, which have been safely utilized as anthelmintics for roughly six decades. Anthelmintics are compounds used for the treatment of gastrointestinal parasites like giardia, roundworms, hookworms, whipworms, and pinworms.

Merck & Co. commenced the use of selective anthelmintics around 1961. They were initially given only to animals, but human use soon followed. Fenbendazole is the anthelmintic typically found in animal products. A sister product to fenbendazole, *mebendazole*,

is typically found in deworming products for humans.

Fenbendazole is administered orally in both large and small animals including dogs, pigs, cats, cattle, horses, rabbits, and fish. When given as directed, it is considered extremely safe.

Although fenbendazole has traditionally been considered an animal anthelmintic, when taken orally it has also been shown to be very well tolerated and safe in humans. While observations in humans are limited, based on the data, a single oral dose up to 2,000 mg per person, or 500 mg per person for 10 consecutive days, wasn't problematic. There's even one case where a 67-year-old patient with a very rare and severe parasitic infection of the liver took around 3,000 mg per day of mebendazole continuously for 13 years without toxicity issues. (*J Hepatol 1998 Dec;29(6):994–8*)

In a clinical trial conducted at Johns Hopkins, no reports of toxicity or other problems were seen in patients taking 200 mg of fenbendazole per day.

Over the years, there has been a lot of research that explains exactly how fenbendazole works at destroying parasitic worms as well as cancer cells. So far, there appears to be four different modes of action.

First, around the nucleus of all living cells, there exists a protein-structured microtubule network. These microtubules are involved in cell division, the cell being able to adapt its shape to a changing environment, and the movement of compounds within the cell.

Fenbendazole binds to tublin, a structural protein of these microtubules. This creates a blockage in the tiny tubes and prevents the removal of waste products and the intake of nutrients. The uptake of glucose, the sole energy source of the parasitic worms, is shut down. Without an energy supply, the worms are either paralyzed and die, or they are expelled from the body.

Cancer cells also require glucose as an energy source. By blocking the microtubular network of cancer cells, fenbendazole helps to shut down their energy supply and destroys them.

Second, fenbendazole further reduces the glucose uptake of cancer cells by downregulating what are called GLUT transporters. These are proteins that deliver glucose molecules one by one across cell membranes.

Third, fenbendazole increases the activity of the body's natural killer cells in the presence of P53 tumor suppressor genes.

Fourth, fenbendazole acts as a kinase inhibitor, which helps block the formation of new blood vessels necessary for tumors to survive.

These anticancer properties are not new. They were documented years ago. I was able to find one of the earliest studies, published in 2002, which detailed these effects. (*Clin Cancer Res 2002 Sep;8(9):2963–9*)

In 2002, while working at MD Anderson, Dr. Tapas Mukhopadhyay and his colleagues reported that mebendazole elicited a potent antitumor effect on human cancer cell lines both in vitro and in vivo.

In simple terms, mebendazole (for all practical purposes the same drug as fenbendazole) strongly and profoundly inhibited the growth of lung, breast, ovary, colon, and bone cancer cells in both tissue samples and in live animals. At the same time, it had no negative effect on normal cell growth.

This same study was supported by a grant from the National Cancer Institute. It makes you wonder why they would fund a study like this, get such amazing results, and then not have enough interest to do a follow-up study or further pursue a drug with such potential.

Later in 2012, Dr. Mukhopadhyay and colleagues, at Panjab University in India, published another study showing that fenbendazole was a potent compound for inhibiting the growth of cancer cells without doing any harm to or affecting the growth of normal cells.

And in 2018, Dr. Mukhopadhyay and colleagues published yet another study highlighting fenbendazole as a safe and inexpensive anthelmintic drug possessing "efficient anti-proliferative activity" in human cancer cells. (This basically means it inhibits the growth of cancer cells.)

In that same report, Dr. Mukhopadhyay states, "FDA as well as other published pre-clinical data on the toxicological studies performed on animals shows that fenbendazole administered in different species at dosages several times the approved dosage does not cause any adverse effects in animals. Further, our previous study also showed minimal toxicity of fenbendazole in normal human cells. Considering this information, [fenbendazole] can be an ideal candidate for development as an

anti-cancer agent." (*Scientific Reports 2018 Aug 8(1):11926*)

MD Anderson isn't the only facility that has knowledge of fenbendazole. I suspect practically every cancer center knows about it.

In 2009, researchers at Johns Hopkins evaluated various drugs for treatment of glioblastoma—the most common brain cancer in adults. It is very aggressive, with the average survival 11 to 15 months, and it is considered incurable.

They implanted the cancer cells into the brains of mice, which is the normal procedure in these types of studies. Before implanting the cells, however, these particular mice were treated for pinworms with fenbendazole. The brain cancer did not develop. It never grew.

It's interesting, when I dug into the details of this study, fenbendazole was rarely mentioned. It was referred to as "an animal version of mebendazole." Based on the fact that fenbendazole was able to stop glioblastoma, the researchers received funding to conduct phase I studies to test the safety of mebendazole for brain cancer in both adults and children. It was found to be very safe and extremely well tolerated, but that was expected, considering both drugs have been used to treat pinworms all over the world, at these same doses, for almost 60 years. And they have always been shown to be safe and well-tolerated by animal and humans alike.

The takeaway here is that we have a very inexpensive, effective, safe, readily available compound that has been shown to both prevent and reverse many forms of cancer. Researchers, the pharmaceutical industry, and many oncologists and cancer centers have known about fenbendazole for close to 20 years.

When I searched the government-run website on approved clinical trials (clinicaltrials.gov), Johns Hopkins had completed several studies on the safety of mebendazole and was recruiting subjects for additional trials for brain and colon cancers.

Surprisingly, I couldn't find any human clinical trials on fenbendazole. You can probably guess why. Fenbendazole is considered an animal product. It was never approved for human use, it's sold without a prescription, and its patent has expired so anyone can make it generically. This is why no one wants to promote it or recommend its use in humans.

Mebendazole's patent has expired, but it was approved for human use. It requires a prescription and is one of only two drugs approved to treat pinworms. The fact that it has been approved for human use is one of the primary reasons it gets studied, promoted, and recommended instead of fenbendazole.

To get fenbendazole approved for humans could cost hundreds of millions of dollars. No one is willing to spend that kind of money without patent protection and the ability to recoup their money.

Many countries have price controls on their drugs, but not the US. The company that sells mebendazole has taken advantage of this situation. It offers a prime example of the price gouging that takes place and one reason our insurance costs are so high.

Pinworms are the most common worm-like parasitic infection in the US. They typically infect children, usually between 5 and 10 years of age. Humans are the only species that can transfer pinworms. They're most commonly found in families with school-aged children, institutionalized children, and caregivers of infected children. Itching and rashes around the anus are two main signs of infection.

Until 2011, the generic version of mebendazole could be purchased for about $1.60. Then it was taken off the market by the manufacturer, Teva, without explanation. It was reintroduced in 2016 by a company called Impax, now the sole provider of mebendazole tablets in the US, under the name Emverm. When I last checked, the average price for two chewable 100 mg tablets of Emverm was around $430.

The same company that sells Emverm has the only other FDA-approved prescription drug for pinworms called Albenza (the brand name for albendazole). In 2010, the price of Albenza shot up from $6 a pill to $515 for two pills.

By acquiring the rights to these drugs and effectively cornering the market on approved prescription drugs for pinworms in the US, Impax has created "a license to steal."

In Third World countries, mebendazole can be purchased for less than 1 cent per pill. And the price for two pills of albendazole costs 4 cents. Even in the United Kingdom, a country with price controls on drugs, two pills of mebendazole can be purchased over the counter for about $4.

I don't want to get sidetracked talking about pinworms, but keep in mind that fenbendazole, just like mebendazole and albendazole,

is effective at treating pinworms. (There's also an over-the-counter remedy called Reese's Pinworm Medicine that costs less than $15.)

I can only imagine what outrageous price will be tacked onto mebendazole if they start promoting it for cancer treatment.

Joe's Secrets to Successful Treatment

In my discussion with Joe, I asked for his thoughts on mebendazole vs fenbendazole. He was fully aware and disheartened, to say the least, of the price-gouging situation.

However, from his firsthand experience of using fenbendazole and his discussions with numerous scientists and researchers, he feels fenbendazole is actually a better choice when it comes to treating cancer. In fact, even though cancer free now, he intends to continue taking it for the rest of his life.

Specifically, Joe uses Panacur C made by Merck Animal Health. The package for small dogs (10 lbs) contains three 1-gram packets. Each gram of Panacur C contains 22.2 percent (222 mg) of fenbendazole.

His regimen consists of taking one 1-gram packet of powder (contains 222 mg of fenbendazole) each day for three days, and then taking four days off and repeating the process. This requires one package a week.

Although there haven't been any problems noted at this dosage, the purpose of taking four days off between doses is to eliminate any possibility of liver or kidney issues.

It doesn't matter when you take the fenbendazole and it doesn't need to be taken with meals. You can simply swallow the tasteless powder, or mix it with food.

A week's supply (one 3-pack) now costs around $8. When Joe started it was $4 a package. Since he went public with his results, the price has doubled.

You can purchase Panacur C directly from Amazon or other online pet supply companies like 1-800-PetMeds and Chewy.com.

If you know of a compounding pharmacy, they can buy fenbendazole in bulk to save some money.

Fenbendazole is also sold as a liquid. Merck sells the liquid under the Safe-Guard label, for goats and beef and dairy cattle. Each milliliter of liquid contains 100 mg of fenbendazole. Joe's recommended plan would require a 2.2 milliliter dose, which translates to just less than half a teaspoon.

Additionally, fenbendazole is sold online to treat worm infections in tropical fish: 100 percent fenbendazole is typically used and it comes in either 250 mg packets or the bulk powder.

Regardless of the product, Joe stuck with the dosage of 222 mg based on the research he learned from Johns Hopkins showing that 200 mg per day was safe and well tolerated.

(It's possible that higher doses may be even more effective and work quicker, but again there aren't any definitive studies to base this on. Dr. Gregory Riggins, one of the doctors researching mebendazole at Johns Hopkins, told *HemOnc Today* (June 15, 2017) the following: "Mebendazole has a 40-year track record of safe use. We already know it is difficult, if not impossible, to reach toxic levels with mebendazole."

Until we know more, however, Joe is sticking with his current regimen.

While he feels fenbendazole is undoubtedly what saved his life and defeated his cancer, there are a couple of other parts to his treatment regimen that he feels helped contribute to his success:

Additional nutrients. Based on his personal research, Joe also started taking three more products, which he uses seven days a week. These items were not used in any of the studies mentioned earlier:

- **Vitamin E complex containing tocotrienols and tocopherols, 400–800 mg per day. He recommends Gamma E by Life Extension or Perfect E by Vitamin Discount Center.**
- **Curcumin (600 mg per day). He uses the product Theracurmin HP by Integrative Therapeutics.**
- **CBD oil (one to two droppers-full, the equivalent of 25 mg per day taken under the tongue)**

Positive attitude. If you ever have the opportunity to meet or speak with Joe, one of the first things you notice is his positive and upbeat attitude. This is also the case with most cancer survivors I've met. Benton, my friend I mentioned earlier, exudes the same attitude and humor. It's hard to overstress the power and importance of visualization and positive thinking.

Sharing His Story and Spreading the Word

Joe's story didn't end after overcoming cancer. He wanted to share his story with as many people as possible. He started a blog to detail his personal experience in hopes that others could use the

information to help defeat their cancer. He invited questions and even provided his phone number, but personally responding to hundreds of emails and phone calls quickly became overwhelming. As a result, his blog (mycancerstory.rocks) is on hold for now, but he has a Facebook page, which is screened and limited to individuals with cancer or their family, friends, or caregivers. His Facebook page goes by the same name: MyCancerStory.Rocks.

Joe is doing all he can to help make fenbendazole more accepted and utilized as both a first line and adjunctive cancer therapy. He's fully aware of the tremendous financial and bureaucratic obstacles involved in reaching this goal. However, he hopes he can help achieve this by taking a different path.

Every week, he gets reports of at least two or three success stories of individuals who have cured their cancer with fenbendazole. To date, he has about 70 success stories. As a result of sharing his story on his blog and Facebook page, he has reached over 70 different countries and the feedback is increasing daily.

By collecting data and medical details about the people using fenbendazole, it may be possible to present enough evidence to qualify as an anecdotal limited clinical trial.

However, collecting and documenting these results is another endeavor that has quickly became overwhelming from both a time and financial standpoint. After all, he has a job, family, and a life, all of which I'm sure he treasures more than ever.

Recently, he started working with the Oklahoma Medical Research Foundation (OMRF) in Oklahoma City. It appears that soon they will be utilizing a full-time staff to start collecting this information from fenbendazole patients and compiling a database. OMRF is an internationally recognized research institute with a staff of over 400 who study cancer, heart disease, autoimmune disorders, and diseases of aging.

Joe has also been talking with Stephenson Cancer Center at the University of Oklahoma and Rutgers University hoping to have additional research studies done. I've asked him to keep me in the loop, so I'll keep you informed of any new developments.

A Q&A with Joe

Here are some of the questions I asked Joe, along with his answers.

How long does it take to see results using fenbendazole? At the recommended dosage and schedule, it appears to be anywhere from four weeks to three months. Some people have reported being completely clear of cancer in four weeks. Since Joe was only being checked quarterly, he's not sure when his cancer cleared.

Can it be used concurrently with chemo and/or radiation? Yes. That's what Joe did. He hasn't heard or seen any reports that it conflicts with conventional therapies.

How many people are taking fenbendazole? Joe personally knows of more than 400 people who have taken or are currently using it.

What are the success and failure rates? When we spoke, he had over 70 documented success stories and there were others that he didn't document when he first started sharing his experience. The only failures that he is aware of are those who he believes started the therapy too late. These individuals passed away not long after starting fenbendazole, and he feels the cancer was just too far advanced. One of his greatest frustrations is hearing about people who waited too long to start.

What types of cancer does it work on? That list keeps growing, but it seems to work on just about every form of cancer. I urge you to go and read some of the success stories on his blog. I did ask if he knew of anyone with pancreatic cancer—the deadliest form of this disease—taking it. He didn't have final results, but he wasn't aware of any complete cures. There were a couple of cases, however, where fenbendazole seemed to stop its progression to the point that the individuals were able to get back to living normally.

Can fenbendazole be used in children? Currently, he knows of about 10 ongoing cases with children. One 17-year-old had more than 100 tumors from metastatic melanoma and has been completely cleared. Johns Hopkins is currently testing mebendazole in pediatric brain tumors, but the results may not be available for two or three years.

Personally, Joe would use it on his own children but would adjust the dosage based on weight. For example, if the dose for a 150 lb adult is 222 mg, then a 75 lb child would take half that dose.

Has anyone used only fenbendazole without chemo or radiation? Yes. When we spoke, he had about 20 successful (cancer-free) cases of individuals who refused chemo and radiation and their only treatment was fenbendazole.

Are people telling their doctors about using fenbendazole? It seems about 80 percent of those he

talked to do tell their doctors. About 70 percent of those doctors say, "It's probably not going to hurt," and the other 30 percent react negatively.

What dietary changes did Joe make? None. He's a "foodie" and didn't eliminate sugar from his diet, but said it's probably a good idea… and I agree.

What if someone is not comfortable taking fenbendazole on their own? Care Oncology prescribes a proprietary mix of orphan and/or off-patent drugs including mebendazole, Glucophage (metformin), statins, and doxycycline (an antibiotic), and they can work in conjunction with your other doctors. (They have locations in London and Rapid City, South Dakota)

What is Joe's plan if his cancer returns? He has a plan B. He didn't share all the details but it includes fermented wheat germ extract (Metatrol or AveULTRA) and several other therapies, and he would consider other orphan drugs.

My Thoughts

Is fenbendazole the cure to cancer? In many cases, yes. We will hopefully know a lot more as the patient database grows.

Would I take it or give it to my family? Absolutely. In fact, it's something I am seriously contemplating taking prophylactically.

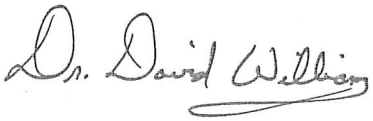
Would I take any additional supplements? First, I wouldn't hesitate to take fenbendazole totally by itself. However, if I had the means, I'd also throw everything I could at the cancer, including:

- **Metatrol or AveULTRA** from American Biosciences, which increases natural killer cell activity and reduces glucose flow into cancer cells
- **Immpower** from American Biosciences (active hexose correlated compound, or AHCC) to boost natural killer cell activity
- **PectaSol-C Modified Citrus Pectin** from ecoNugenics to help block metastasis
- **HonoPure** from ecoNugenics to reduce cancer cell division and to promote antiangiogenesis (stopping the formation of new blood vessels that feed a tumor)
- **NAC** (N-acetyl cysteine) to boost glutathione and protect the liver
- **CBD oil** from various sources or, if available, **CBD/THC rectal suppository (20mg CBD/30mg THC)** from Foria
- **Milk thistle** to protect the liver
- **Standardized curcumin extract**
- **A multivitamin and probiotic**

I cannot think of any serious downside to fenbendazole. Taken at the doses mentioned in this article, the only side effect noted is abdominal discomfort or mild diarrhea, which five to 10 percent of users experience. Choosing between dying from cancer or possibly experiencing some mild diarrhea…that's not a difficult decision at all.

I can't thank Joe Tippens enough for sharing his story. I have no doubt thousands of lives will be saved. **Please feel free to copy and distribute this issue of *Alternatives* to anyone who could benefit from this important information.**

Until next month,



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