This is the cancer regimen that I started on January 18th, 2025. I can tell you that these have not given me bad side effects so far. Also, my rounds of chemo since starting this protocol have not been as bad as the first five that I have done this time around. I have been tweaking this protocol as I go, whenever I learn something new. I am still researching and reading to find what is most beneficial.

(Update: I have been able to get my oncologist to lower my chemotherapy dosage by 30% on the Oxaliplatin and by 20% on the 5-fluououracil as of March 5, 2025. I believe this will help me be able to tolerate the chemotherapy longer while not making it quite as toxic to my body.) ***Since that time, I have gone to a maintenance dose to take a break from the strong oxaliplatin. ***

I have had IV Vitamin C infusions once a week since starting this protocol. The ARNP Natalyia Sia is the one that I see, and she is very nice. She started my first high dose at 50 grams and the other rounds at 75 grams. She wanted to make sure I could tolerate the dosage first.

I am still looking for a place that will take insurance. I have been going to Holistic Medical Psychiatry on Morgan Street for these treatments. I have heard that Doc Out of the Box might be more affordable and possibly take insurance if deemed medically necessary. However, I was a little disappointed when I went to my appointment in February. I found out that only the “conventional side” takes insurance, while the “holistic side” is all out of pocket. I had an initial appointment with a conventional ARNP to become an established patient. She told me that I am like a model patient who is already doing most of what they recommend. The next step is to do a “Dive Deep” appointment that is 75 minutes long of questions into your history and stuff and then recommendations from there. However, I would need to pay in advance the Holistic side $320, and that day I would pay the $50 co-pay to the conventional doctor, as they want you to see both each time for cancer patients. And the next appointment will not be available until April. (I wrote this in February 2025.) Plus, their IV infusions did not list a price, and they are not covered by insurance. Also, they only have the Ozone treatment and not the UBI treatments. And the ozone treatment alone was $248. It is cheaper at Holistic Medical while it still includes the UBI treatment. A single dose at Holistic Medical is $198 and a double dose is $355 per treatment. (Single versus Double relates to how much blood they remove from the IV to hook up to the ozone treatments and then through the UV Blood Irradiation machine before dripping back into you.)

I have also discovered a place called Elevate Health, which has several alternative health treatments. A couple that I am interested in are Red light therapy and hyperbaric oxygen therapy. The neat thing about this place is that they have a membership cost of $399 per

month, with a minimum of 3 months, where you can get unlimited treatments of five different things, which happen to include two that I am interested in doing. They will also allow the cost of a $180 consultation fee to be included if you become a member that day. This is a great value if you plan on doing multiple treatments in a short amount of time. (For example, 40 hyperbaric treatments within 60 days have been proven to help anxiety as well as possibly help autism.)

I had an appointment with my primary doctor on January 29th. She was willing to prescribe me Metformin 500mg and Lipitor 20mg for their off-label usage to treat cancer. She also prescribed me a glucometer so I can make sure to keep checking on my blood glucose level. My A1C is slightly low now, but I think that is where it should be to fight (or starve) the cancer.

It was able to see a ARNP at Lattitude Clinic in Sarasota who did a Telehealth visit and prescribed Ivermectin, Hydroxychloroquine, and Doxycycline (which I decided not to do at this time). She was following the COVID protocols to prescribe these medications. I decided not to do the Doxycycline because I came across a study that reported specifically in colorectal cancer that it caused the cancer to progress. Doxycycline Promotes Carcinogenesis & Metastasis via Chronic Inflammatory Pathway: An In Vivo Approach - PMC I followed up with the ARNP in February to let her know how I am doing. She also renewed some prescriptions, along with advising me to get my eyes checked with the long-term dose of hydroxychloroquine. My latest follow-up with this ARNP had her prescribing oral and topical Ivermectin 3mg with a DMSO compounded by the pharmacy. This allows the medication to not put as much strain on the liver.

Tri-Nova pharmacy on Tech Blvd. in Tampa off Falkenburg Rd. is a wonderful compounding pharmacy. Not only were they able to fill Ivermectin (only as much as is prescribed), but they were also able to compound Vet medications such as fenbendazole. This makes it much more tolerable than taking the OTC liquid medication from the feed store (which is usually in liquid form there). I was able to get capsules with 250 mg each of Fenbendazole. This helped as I adjusted the dosage starting at week 5. I have also learned to stop taking Ivermectin and Fenbendazole a day or two before my chemo appointments so that my bloodwork will not have too much of an elevated AST or ALT (Liver Enzymes that can be affected by the medicine.)

I still follow, as much as possible, the advice of Chris Wark from the book, "Chris Beat Cancer" and "Square One." He has blogs, podcasts, and emails that he regularly shares. I also read a few books that were recommended to me. The first is called "How to Starve Cancer" by Jane McLelland and the other is "Cancer Care - The Role of Repurposed Drugs and Metabolic Interventions in Treating Cancer" by Paul E. Marik, MD. Both are the second

edition. I also read “Radical Remission” by Kelly A. Turner. Please note that all of these authors are not writing from a Christian perspective. However, you can still glean helpful information from them. One of my favorite books is “Square One: Healing Cancer Coaching Program” by Chris Wark. I also have the DVDs and the guidebook to go along with this set. Chris has a website called Chris Beat Cancer - A resource for healing cancer holistically by Chris Wark., which is loaded with helpful information. He also has plenty of podcasts to listen to as well. He is a Christian man, which you can tell from his book.

I also read “Invisible Cure” by Tom Lowe, which dives into the world of Ultraviolet Blood Irradiation (UBI). His book is Christian-based, which I do appreciate. I am hoping to become very knowledgeable on this subject and possibly invest in my own machine to treat myself at home. First, Jason and I are paid for the treatments at Holistic Medical Psychiatry to see how much it helps before diving into the cost that it would incur. We, of course, would reach out to medical professionals to make sure that we understand what we are doing and do so in the safest manner possible. The greatest complication with this plan is that it requires the use of heparin to prevent clotting. The doctor puts 0.5 mL of heparin in each 60 mL syringe that she is going to use to pull blood from the IV for the treatment.

I want to encourage you to exercise at least 30 to 45 minutes per day. I read that it is preferable after a meal to start breaking down the glutamine. Though, it is also important to not exercise too late at night as this could prevent your body from producing its natural melatonin from the pineal gland. The important part is that you bring more oxygen into your cells which will help fight the cancer. The other thing to invest in is a Rebounder which is a small trampoline. I use it for 10 minutes twice a day. It helps get your sluggish lymphatic system moving which will improve your immune health. The lymphatic system is all throughout the body but does not have the pumping mechanism of the blood vessels. It is exercise and movement that gets it flowing. The rebounder works very well at doing this.

While my regimen includes lots of supplementation at this time, many of these nutrients can be obtained through whole, natural foods. If you juice vegetables daily and eat a large, healthy salad as suggested by Chris Wark in his Square One book, then you will greatly benefit from the added nutrients. As much as I want to have these items, I am not always up for doing the work to obtain the juice or to make a salad. Plus, I am currently not able to eat that much food. That is why I have chosen at this time to make sure I am including many supplements to get these nutrients. Also, I like to drink Green Tea with Elderberry each day. Plus, I try to drink as much as I can of Jason Winter’s Tea daily. Both are great in their anti-cancer effects.

I also want to inform anyone who may be interested in following these alternative paths, that it is super important to listen to your body. For instance, my upper abdomen began

hurting around week 10 and my liver enzyme AST was shown to be elevated to 51. For this reason, I chose to take a break from my supplements for almost a week. During this time, I still did a coffee enema, followed two days later by an IVC infusion, and two days after that with a UBI with ozone treatment. Once my stomach started feeling normal again, I began adding my supplements back in while still holding off a couple extra days on Ivermectin and fenbendazole which are processed in the liver. Listen to your body, find a good naturopathic doctor, and monitor your bloodwork. That is my recommendation.

Something that you will see on my weekly regimen list is the coffee enemas. Not a topic most want to talk about. However, it is healthy to clean out the sludge in your gut and it helps to detoxify the liver. I do not recommend Fleet Enemas for this task. They are painful and the solution stings. The kit that I purchased is the Mediesential Enema Kit. You can find it on Amazon for about $40-$55. I also usually purchase the Foret Organic Light Roast Coffee for Enemas through Amazon for about $30 which lasts me a few months. You will want to use good-quality filtered water. We purchased a Berkey water filter in 2022 after I was first diagnosed with cancer. Basically, you boil your filtered water, then put 3 to 4 tablespoons of coffee in the water. Let it boil for 3 minutes and then turn it to simmer for 10 minutes. After that, you let it cool and strain the coffee from the liquid. I use my little tea strainer for this task. Your goal is to hold the solution in you for about 15 minutes prior to excreting.

I received a protocol from a man, Kevin Franklin, who is a retired dentist. He made it for his wife, who had an aggressive brain cancer. She is still living today when they initially only gave her 6 months to live. I think it has been almost 2 years now. He calls it the Rosalyn protocol. You will notice that she does take Doxycycline, but I did read that studies show that it is beneficial in that type of cancer. He also attached an article to an orthomolecular journal that was interesting. Targeting the Mitochondrial-Stem Cell Connection in Cancer Treatment: A Hybrid Orthomolecular Protocol - ISOM His information was similar but not the same as the article.

I have gleaned from these and other things I have read to come up with my own dosing. At the bottom of this page, I will paste the information from Kevin Franklin that he emailed me. It includes his “Rosalyn Protocol” as well as a doctor that he suggested contacting, and the books he suggested reading.

I am attaching my updated weekly regimen. I will explain why I am taking each item. I removed my Vitamin B complex and my Apple Cider Vinegar, which had 6 B vitamins in it. This is because I came across some information on page 127 of the “Cancer Care” book by Paul Marik that both Vitamin B12 and Folate have been shown to promote the spread of cancer and have a higher incidence of mortality rates associated with taking these

supplements. Due to my bloodwork levels becoming low in some areas, I added a “Healthy Blood” vitamin, which includes Vitamin B12 and Folate, twice a week.

Also, I have learned that natural melatonin produced by your own body is 5 times more effective than vitamin C for immune support. To achieve its benefits, it is important to get 8 – 10 hours of sleep at night in a dark room, as this is what your body needs to produce it. Naps are also beneficial for the healing that happens while you are sleeping. One other thing, your body does not do as good of a job at producing melatonin if you exercise in the evening/nighttime. So, try to finish your exercise, if possible, by 5 pm.

The regimen I made is where I started with my new “treatments”. Please note that I did not start everything at once, but rather slowly put more things in as I could tolerate them. I did have a little trouble with Naltrexone and began taking about half a capsule’s worth to wean onto it. The main things that I would say to start with while you are trying to get the different prescriptions from doctors willing to work with you, is the following: Ivermectin and Fenbendazole, Berberine, cimetidine (Tagamet), Zinc with Copper, Vitamin D with K2, Magnesium, Aspirin 81 mg, Turmeric, Omega 3, Omega 9, and Omega 7. Try to get Hydroxychloroquine as soon as you can also. This is a prescription medication so it may take a little time. It also absorbs best when taking Zinc though zinc does absorb best on an empty stomach. I take the zinc in the morning before eating. Sometimes I will take raw zinc with it if I have it in supply. However, I have the hydroxychloroquine scheduled for noon because it may have a loss in effectiveness if given with Ivermectin. I will start taking HCQ in the evening at week 9 once I go down to taking Ivermectin only once a day.

Ivermectin needed a prescription as well, and it needs to go through a compounding pharmacy. I was able to get Fenbendazole as a Vet medication at a local compounding pharmacy without a prescription. They were able to put it into capsules for me. Once I shifted into Weeks 5 to 8, I made a couple of changes in my regimen. I switched Fenbendazole to 250 mg twice a day (for a total of 500 mg). I also changed my IV Vitamin C infusion down to 60 grams per infusion. I made some more changes once I hit weeks 9 -12. At that point, I lowered my Ivermectin to 24 mg once a day and Fenbendazole 250 mg once a day. I may eventually lower my Vitamin C down to 50 g per infusion. I am also hoping to be able to start doing the Ozone and UBI treatments if I can get the money up to afford them. These are supposed to do an amazing job as an adjunct to chemotherapy and other alternative medications.

As an update for August 2025, I increased my Ivermectin back up to 24 mg in the morning, along with Ivermectin 3 mg DMSO cream. I also increased my Fenbendazole back up to 500 mg in the morning and in the evening. This is due to my tumors growing. My goal is also to be able to do IV Vitamin C two to three times a week, as this is supposed to have the

greatest results. Unfortunately, cost is still an issue. I have had some help with getting the medication so that I can do the treatments at home. However, this still puts the cost at about $115 per infusion when you include the magnesium and calcium that is put with it, plus the IV supplies.

I also recently added to my regimen something called liquid oxygen water through a company found at Patriox - Liquid Oxygen - Oxygenated Water for Health Freedom, which is a company in Clearwater, Florida. The idea is that it will penetrate the cells with oxygen, causing a more aerobic environment. Tumors do not live well in this aerobic environment and begin to shrink and die off. I drink one bottle a day, slowly, throughout the day. The bottles need to be kept out of the heat and sunlight. I am only a few months into this at this time.

Please note that I am not a doctor. I recommend that each person consult with their doctor prior to starting any treatment plans. I still consult with a few different doctors about this journey on a regular basis. Also, all the notes in my journal are likely copied from one of the book sources or articles that I have mentioned in this article. I do not mean to plagiarize; I just did not note each time I switched from one book source to another. I did include some links to articles that I found along the way. I also highly recommend reading each of these articles for yourself.

Weekly Cancer-Fighting Regimen

For Weeks 1 to 4 (Week #: _____)

Treatment:	Reason
Ketogenic Diet: Low Carb/Low Sugar	Reducing sugar and carbs helps prevent cancer cells from getting their most likely "fuel" source from glucose. However, high-fat diets have also been linked to cancer too. So, it is important to lower glucose and saturated fats. For colon cancer, research has shown a correlation between eating meat, especially red meat, and having colon cancer. The safest meats to eat include wild-caught salmon and lamb.
Exercise 30-45 min. Aerobic (Just a brisk walk, best after food to break down glutamine)	Exercise helps to bring more aerobic oxygen into your body which is good for healthy cells, but fights cancer cells which thrive more on an anaerobic atmosphere. Also, doing it 15 minutes after eating a meal will help break down glucose.

Rebounder 10 min. Twice/Day (This helps your lymphatic system get moving)	The rebounder is a small trampoline that is beneficial in getting your lymphatic system moving. The lymphatic system helps support the immune system.
IV Vitamin C 75g Twice/Week (so far scheduled for 1/wk) (plans to go to 60g an infusion at week 5-8 and 50g per infusion starting at week 9.)	High-dose Vitamin C Infusions (not oral) are beneficial in breaking down cancer cells and causing free radicals to happen. This happens with high-dose Vitamin C when it becomes a "prooxidant" instead of an "antioxidant". It is important to stop all antioxidant supplements on the day that you receive these IVC treatments so that they do not work against the "prooxidant" effects. Also, adding glutathione, which is an antioxidant, will negate the effects of the prooxidant and make it ineffective. It is highly recommended to follow IVC with UBI treatments, but I have not started that yet.
Coffee Enema Twice/Week (I use Medisential enema kit with Foret Organic light roast coffee enema)	Coffee enemas help to clear any sludge in the GI tract as well as to detoxify the liver. Having Colorectal cancer with several surgeries, I can tell you that regulating the bowels is difficult, but the enemas do help with uncomfortable bloating and constipation.
Take on Empty Stomach Zinc with Copper (50mg/2mg) (1 cap/QD)	Zinc absorbs best on an empty stomach. Zinc specifically protects mitochondria from damage by reactive oxygen species that are generated as by-products of mitochondrial respiration. Excess zinc can irreversibly block energy production of cancer cells, cause NAD+ loss, and inhibit cellular glycolysis. Zinc shows toxicity toward cancer cells without showing any side effects toward healthy cells. However, large amounts of zinc can disturb your body's copper metabolism. Therefore it is best to take high dose zinc (50mg or more) with copper supplement.
Take on Empty Stomach Magnesium 400mg QD **HOLD on IVC days**	A systematic review by the International Society for the Development of Research on Magnesium found that magnesium deficiency can lead to the initiation and proliferation of cancer, as well as hinder treatment. This association is easy to understand: Magnesium plays a role in over 300 biochemical reactions, affects the stabilization of cell membranes, and protects cells from heavy metals, such as mercury and lead. Cells will wither and die without adequate magnesium. Low magnesium will negatively affect permeability of the cell, and several studies have suggested that this can initiate carcinogenesis. Cisplatin, a platinum-based **chemotherapy** drug used to treat various types of cancer, can cause a number of serious **side effects**, including magnesium deficiency in up to 90% of patients. The results of a 2008 study indicate that prophylactic (preventive) magnesium supplementation can prevent these side effects and decrease the severity of cisplatin-induced kidney damage without interfering with the anticancer effect of the drug. In fact, among cisplatin-

	treated cancer patients, those given magnesium had significantly slower disease progression and longer survival times, when compared with patients given a placebo. Magnesium Deficiency and Cancer - Beat Cancer : Beat Cancer
Take on Empty Stomach Beta Glucan 500mg QD (from cell wall) (1 Cap./QD **HOLD on IVC days**	Beta-glucans are polysaccharides found in barley, oats, mushrooms, and yeast. Beta-glucans activate and enhance your immune response to invaders like viruses, bacteria, and cancer cells. So, like aloe, beta-glucans enhance your immune system. Beta-glucan is one of the key immune-boosting compounds in mushrooms. The rule of thumb is to take 500 mg per 50 pounds of body weight. Due to the cost, I decided to take only 500 mg per day.
Take on Empty Stomach Moringa 400 mg (2 cap./QD) (Total 800mg) **Hold on IVC days**	Moringa is a green leafy plant that is one of the most nutrient-dense plants on earth. It contains all the essential amino acids. In anti-cancer studies, Moringa was found to slow down the cancerous process through targeting chemoprevention, inhibiting carcinogen activation and inducing carcinogen detoxification, anti-inflammation, anti-proliferation of tumor cells, and inducing apoptosis of cancer cells. Anti-Cancer and Medicinal Potentials of Moringa Isothiocyanate - PMC
Morn. / Bed Ivermectin 1mg/kg/day (50 mg) Take 24mg (1 cap/BID)	Ivermectin is a macrolide antiparasitic drug that is widely used for the treatment of many parasitic diseases. Ivermectin has been reported to inhibit the proliferation of several tumor cells by regulating multiple signaling pathways. Ivermectin has anticancer activity by influencing the tumor microenvironment. Ivermectin decreases MDSC and Tregs and targets cancer stem cells. Ivermectin has also been shown to work synergistically with mebendazole (fenbendazole). Dosing at this time is unclear. However, for high-grade cancer, it is suggested to take 1 mg/kg/day to 2 mg/kg/day. Lower grades could take a lower amount such as 0.5 mg/kg to 1.0 mg/kg 3x per week. I plan on reducing around week 9 to 24 mg once a day. Currently, I am taking 24 mg/ twice a day. *****Update***** I will start to increase my dosage again due to signs of tumor growth. I am going back to initial dosage of 96 mg (48 mg/BID which is 2 cap/BID)
Morn. / Bed Fenbendazole 500mg BID (2 cap/BID)	Mebendazole and Fenbendazole are the same drug type though their suggested dosing might differ a little. Mebendazole has been approved for human use to treat parasitic worms. It is more difficult to obtain and needs a prescription. Fenbendazole is used by vets for parasitic worms in animals. It does not require a prescription and therefore is easier to obtain. It can be found in the larger dosages, usually in liquid form for cattle. However, I was able to find a compounding pharmacy that could get the compound and place it in 250 mg capsules. This helped tremendously with being able to take it regularly and at the dosage that I was looking for. I will refer to it as Fenbendazole since that is the type that I use. Fenbendazole

	works by fatally disrupting the cellular microtubule formation in abnormal cancer cells that occur as the cell is attempting to divide. Fenbendazole inhibits many factors involved in tumor progression and it inhibits cancer stem cells which prevent metastasis. It also works synergistically with ketosis in inhibiting tumor growth. Fenbendazole can sensitize cancer cells to chemotherapy and radiotherapy which allows these conventional treatments to have more effect. It is better to have low-dose chemotherapy so that fenbendazole can help destroy the tumor-associated macrophage cells that are produced by chemotherapy (which the cancer cells would otherwise use as more fuel for growth and still can happen with high-dose chemotherapy.) **Important Note: I recently reduced the amount from 500 mg twice a day to 250 mg twice a day. The medicine can be hard on the liver and the liver levels (AST and ALT) need to be monitored often. Also, taking it at the same time as Aspirin will help with the absorption of the medication. *****Update***** I will start to increase my dosage again due to signs of tumor growth. I am going back to initial dosage of 1000 mg (500mg/BID which is 2 capsules/BID).
Morn. / Noon / Eve. **Take before meals** Berberine 333.3mg TID (total of 1000mg)	Berberine's anticancer mechanisms include reducing the growth of cancer cells, preventing metastasis, inducing apoptosis, activating autophagy, controlling the microbiota in the gut, and enhancing the effects of other cancer treatments by focusing on antibacterial action, which includes controlling the microbiota in the gut and preventing intratumoral microbes. Berberine increases radiation sensitivity and enhances the effects of anticancer medications such as cisplatin, 5-fluorouracil, doxorubicin, niraparib, and icotinib. A total daily dose of 1000 to 1500 mg is suggested. Monitor blood glucose, especially if taking with Metformin. Also, if scheduled for surgery, may need to stop taking Berberine one week prior to surgery.
Morn. Metformin 500mg QD	Metformin, usually used to treat diabetes, has inhibited the development of cancer cells and reduces cancer cell proliferation. It inhibits the AMPK/mTOR pathway. It also has an indirect effect on the host by its blood-glucose lowering properties and anti-inflammatory effects. Unlike most standard chemotherapy, metformin suppresses cancer stem cells, which is the root of cancer metastasis. Metformin regulates the EGFR and IGFR pathways, which are involved in cell growth, proliferation, and the coordination of several metabolic processes. **Patients with colorectal cancer have shown the greatest benefits in a reduction of mortality. ** Metformin has been shown to improve cancer cell response to radiotherapy and chemotherapy. The dosing suggestion is 1,000 mg twice daily. It can cause some abdominal or stomach discomfort and a decreased appetite. Metformin may cause low blood glucose when used in combination with Berberine and glucose should be monitored. I typically

	have lower blood glucose normally and therefore my doctor did not want to put me on too high of a dose.
<u>Noon/Bed</u> Cimetidine 200mg BID **HOLD on chemo days**	Cimetidine, commonly used to treat ulcers and gastroesophageal reflux disease, has been demonstrated to have four different anti-tumor effects, namely: Anti-proliferative, immunomodulatory, anti-cell adhesion, and anti-angiogenic effects on cancer cells. Cimetidine has been demonstrated to kill myeloid-derived stem cells (MDSCs), decrease Tregs, and increase natural killer cells (NKs). Additionally, it has been demonstrated that in patients with colorectal and gastric cancer, perioperative cimetidine reverses the histamine-induces suppression of lymphocyte proliferation. Also, it has been demonstrated that cimetidine inhibits cancer cells' ability to adhere to endothelial cells without affecting their H2RA activity.
<u>Morn.</u> Vitamin D3 - 10,000 IU (1 cap/QD) (already bought, will go to D3 + K2 only later)	Vitamin D3 has shown anti-cancer effects in all types of cancer. it targets the mitochondria by improving metabolism and regulating mitochondrial respiration. Vitamin D can also target CSCs and metastases and inhibit glycolysis and glutaminolysis pathways. It is important to regularly have your Vitamin D level checked so you stay in a high-normal range and not at a toxic level. This means adjusting dosages as needed.
<u>Morn.</u> Vitamin K2 120 mcg (1 cap/QD)	It is best to include both Vitamin K2 (100 mcg/day) and magnesium (250-500 mg/day) when doses of Vitamin D are greater than 8,000 IU/day are taken. Vitamin K2 itself has anticancer properties, and an inverse relationship exists between vitamin K2 (and not K1) intake and cancer mortality. I include this extra K2 to make sure I have enough for the amount of Vitamin D3 that I take.
<u>Morn.</u> Vitamin D3 + K2 (5,000 IU + 125 mcg) (1 cap/QD) (per dr/ stay with K2 added)	It is best to include both Vitamin K2 (100 mcg/day) and magnesium (250-500 mg/day) when doses of Vitamin D are greater than 8,000 IU/day are taken. Vitamin K2 itself has anticancer properties, and an inverse relationship exists between vitamin K2 (and not K1) intake and cancer mortality.
<u>Morn.</u> Hemp Seed Oil 1,000mg QD	I began taking Hemp Seed Oil because I could not get CBD oil which is preferred. Though they are close, these two products are not the same. They both have anti-cancer effects, but CBD is the better choice.

Morn. Green Tea Extract 1000 mg (45% EGCG) QD (2 cap./QD) **HOLD on IVC days**	Green Tea is an antioxidant and has shown anti-cancer effects when used with chemo. Green Tea has a powerful polyphenol ingredient called epigallocatechin gallate (EGCG). In supplemented animals they had significantly lower levels of pro-inflammatory signaling molecules, lower expression of a tumor-promoting gene regulator called ***beta-catenin***, and higher levels of tumor-cell death. Researchers showed that the green tea polyphenol EGCG suppressed the activity of deadly colorectal ***cancer stem cells.*** It does have a short half-life, and you might need to drink it all day. I am also taking supplements to help it last longer in my system. Green Tea Protects Against Colorectal Cancer - - Life Extension
Morn. Aspirin 81mg QD	• It is common for a cancer patient to have some rouleaux formation cells which are in stacks. Cancer causes a release of abnormal clotting factors and inflammatory factors called cytokines, which cause sticky fibrinogen in the blood. Regular aspirin use has clear benefits in reducing colorectal cancer incidence among middle-aged adults, but also comes with some risk, such as gastrointestinal bleeding. • Starting aspirin therapy at or after age 70 was not associated with significant protection against colorectal cancer. • Taking high doses of aspirin daily for at least 2 years substantially reduces the risk of colorectal cancer among people at increased risk of the disease. • Aspirin reduces the risk of developing precancerous colon polyps. • Long-term, regular use of baby aspirin—at least 15 times per month—prior to a diagnosis of colorectal cancer (CRC) may reduce the risk of death from the disease by limiting the spread of cancerous tumors pre-diagnosis. Take at the same time as Fenbendazole to help fenbendazole absorb better.
Morn./Noon/Eve. Apple Cider Vinegar (1 Cap/BID) **Hold on IVC days**	Apple cider vinegar (ACV) is a type of vinegar that's made by fermenting apples with yeast and bacteria. Its main active compound is acetic acid, which gives ACV its sour taste. Fermented foods contain beneficial bacteria that is good for your digestive tract. Apple cider vinegar can be put on salads. I do not always feel up for eating much, so I chose to get some ACV in capsules. ACV is a great source of probiotics, potassium, and enzymes.

Morn/Noon/Eve. Turkey Tail Mushroom Powder (1/2 tsp. /1x-3x/day) **HOLD on IVC days**	Mushrooms ae immune boosters. Turkey tail mushrooms contain compounds known as polysaccharopeptide (PSP) and polysaccharide-K (PSK). Some evidenceTrusted Source suggests that PSP may have the ability to stimulate the immune system, especially when combined with other anticancer treatments. PSP from turkey tail extract may inhibit colon cancer cell growth, according to a 2019 laboratory study Trusted Source. PSP may also stop colon cancer cells from migrating and invading healthy cells
Morn/Noon/Eve. Ashwagandha 400mg TID (1 Cap/TID for total 1200 mg **HOLD on IVC days**	Natural asparaginase inhibitors are Ashwagandha and capsaicin (chili peppers). So, these natural asparaginase inhibitors are a metabolic enzyme that starves not just the amino acid asparagine but also glutamine. (Childhood Acute Lymphoblastic Leukaemia can be cured with this treatment.) Also, you should deplete asparagine from your diet. It is found in many foods such as asparagus, beef, poultry, and potatoes. Asparagus also has high levels of glutathione which needs to be avoided with cancer tumors as it helps cancer cells to resist normal cell death.
Morn. / Even. Resveratrol (root) 500mg QD (1 cap./BID) **HOLD on IVC days**	Resveratrol is a non-flavonoid polyphenol that occurs naturally in many species of plants including peanuts, grapes, and berries. In vitro studies show resveratrol exerts an anti-proliferative (inhibits cell growth) activity by inducing apoptosis (a natural biological process of self-destruction of cells). It has been suggested that Resveratrol can inhibit metastasis. It also can help sensitize cancer cells to standard chemotherapy treatment. Plus, it works synergistically with Green Tea and Curcumin. It is suggested to take Resveratrol 500 mg twice a day. However, at this time I have chosen to take 250 mg twice a day for a total of 500 mg per day.
Morn. / Bed Super Bio Vitamin C (Buffered) 1,000 mg (2 cap./BID) **HOLD on IVC days**	Vitamin C does have great antioxidant properties. Vitamin C intake is associated with the prevention of the common cold. However, although the intake of vitamin C reduces the secretion of pro-inflammatory cytokines and the expression of microRNAs associated with inflammation, there is not a confirmed beneficial effect of vitamin C intake for the prevention of colds in the general population. I choose to take the lower dose, antioxidant level, of Vitamin C on most days. However, I avoid these on the days that I am receiving high dose Vitamin C since it will negate the prooxidant effects of the high dose Vitamin C.
Morn. / Bed Boswellia Extract 1000 mg QD (1 cap./BID) **HOLD on IVC days**	The broadly recognized pentacyclic triterpenes known as boswellic acids (BAs) are derived from the oleogum resin, or frankincense, extracted from the plant species of the genus *Boswellia*. The frankincense mixture contains various BA types, each having a different potential and helping treat certain cancers. Colorectal cancer is a multifaceted disease with epigenetic and genetic mutations in a wide range of oncogenes and tumour suppressor genes. These BAs are known to modulate specific microRNA (miRNA) pathways due to their chemo-preventive effects. BAs and their semi-synthetic derivatives are effective against a broad spectrum of

	cancer cell lines. They have a minimal potential for resistance due to the multiple ways they operate in the cancer cell lines. The ability of BAs to control cellular epigenetic mechanisms highlights their anti-cancer properties, as they promote apoptosis in cancer cells and inhibit the malignant primary metabolic pathways and DNA, RNA, and protein synthesis. Anti-cancer properties of boswellic acids: mechanism of action as anti-cancerous agent - PMC
Noon Hydroxychloroquine 200mg (1 cap/QD)	Chloroquine (CQ) and hydroxychloroquine (HCQ) are well-known 4-aminoquinoline antimalarial agents. Scientific evidence also supports the use of CQ and HCQ in the treatment of cancer. Overall, preclinical studies support CQ and HCQ use in anti-cancer therapy, especially in combination with conventional anti-cancer treatments since they are able to sensitize tumor cells to a variety of drugs, potentiating the therapeutic activity. Cancer tumors are fed through different pathways. It is important to block as many of these pathways as possible at the same time in order to "starve" or kill off the cancer tumors and the cancer stem cells. HCQ is a possible treatment against the Toll-Like Receptor 9 (TLR-9) as it prevents macropinocytosis. Macropinocytosis occurs when glutamine and cholesterol levels are insufficient to meet demand. It happens early in some strongly Ras-dependent cancers. (I have a K-Ras mutation.) When starving a tumor of glutamine it can stimulate macropinocytosis which allows this scavenging process to find a different way to allow the tumor to progress through autophagy. CQ and HCQ prevent macropinocytosis from happening which helps to starve the tumor growth. Short-term administration of CQ or HCQ rarely causes severe side effects. Longer exposure has been associated with some serious though uncommon adverse events, including cardiomyopathy, irreversible retinal toxicity, bone marrow suppression, and hypoglycemia. The risk of retinopathy is increased with large cumulative doses of HCQ (>1000 g). However, daily doses of up to 400 mg of HCQ or 250 mg CQ for several years are considered to carry an acceptable risk for CQ-induced retinopathies, except for individuals of short stature. It is advised that patients receiving chronic CQ or HCQ therapy be monitored through regular ophthalmic examinations (3–6-month intervals), full blood counts, and blood glucose level checks. Also, precautions should be taken in patients with impaired hepatic function (especially when associated with cirrhosis), porphyria, renal disease, epilepsy, psoriasis, glucose-6-phosphate dehydrogenase deficiency, and known hypersensitivity to 4-aminoquinoline compounds. Repurposing Drugs in Oncology

	(ReDO)—chloroquine and hydroxychloroquine as anti-cancer agents - PMC
Noon Raw Zinc 30 mg (1 cap/QD)	Added this extra zinc at the time of taking Hydroxychloroquine since it helps HCQ absorb better.
Noon (2) Quercetin w/ Bromelain (800 mg / 165 mg) (2 Cap./QD) **HOLD on IVC days**	Quercetin is an anti-cancer flavonoid, and it is a powerful antioxidant. It protects your cells from DNA damage. It also has anti-inflammatory properties and is a natural histamine blocker. In cancer, it benefits because it binds to excess iron and prevents its absorption. Iron can be a key ingredient to cancer cell growth (so avoid taking unless you are critically anemic.) Bromelain can help break down the walls of parasites. For this reason, it is best to take this supplement between meals so it can be more effective. Otherwise, it will mostly work on digesting food.
Noon Fisetin 100mg QD **HOLD on IVC days**	Fisetin is a flavonoid belonging to polyphenols. The anti-cancer potential of fisetin has been confirmed through the modulation of various cell-signaling pathways. Moreover, the role of fisetin in disease management including cancer seems to be due to its anti-inflammatory antioxidant potential. It has been confirmed to target a number of cell signaling pathways including angiogenesis, apoptosis, inflammation, cell cycle, PI3K/AKT/mTOR and other pathways. The Potential Role of Fisetin, a Flavonoid in Cancer Prevention and Treatment - PMC
Noon Alpha Lipoic Acid 300mg QD with food	Alpha Lipoic Acid (ALA) in its reduced form as dihydrolipoic acid (DHLA), can be taken with or after high-dose IV Vitamin C infusions as it helps to recycle Vitamin C and maintain the levels in the tissues, synergistically increasing its effects. ALA and DHLA can effectively induce apoptosis in human colon cancer cells by a prooxidant mechanism that is initiated by an increased uptake of oxidizable substrates into mitochondria. At lower doses ALA scavenges free radicals and in so doing can help prevent some of the common side effects of chemotherapy such as hearing loss with cisplatin or neuropathy symptoms such as tingling or numbness with oxaliplatin. alpha-Lipoic acid induces apoptosis in human colon cancer cells by increasing mitochondrial respiration with a concomitant O2-*-generation - PubMed

Noon / Bed Omega 3-6-9 1,000 mcg (1 cap. BID)	Important to note that Omega 3 and 9 are good, but Omega 6 is not. **Omega-3** polyunsaturated fatty acids (O3FAs) have well-established anti-inflammatory properties and have found clinical utility for cardiovascular disease prophylaxis and severe hypertriglyceridaemia, with emerging evidence that they may be beneficial for the treatment of inflammatory bowel diseases. Observational human data are now emerging that dietary O3FA status predicts post-diagnosis Colorectal Cancer (CRC) outcomes and complements a larger body of preclinical evidence that O3FAs may find clinical utility for the *treatment* of CRC, as opposed to primary CRC *prevention*. Omega-3 polyunsaturated fatty acids as adjuvant therapy of colorectal cancer - PMC **Omega 9** fatty acids represent one of the main mono-unsaturated fatty acids (MUFA) found in plant and animal sources. They are synthesized endogenously in humans, though not fully compensating all body requirements. Consequently, they are considered as partially essential fatty acids. MUFA represent a healthier alternative to saturated animal fats and have several health benefits, including anti-inflammatory and anti-cancer characters. The observed anti-inflammatory effects reported for oleic acid (OA), mead acid, and erucic acid were directed to attenuate inflammation in several physiological and pathological conditions such as wound healing and eye inflammation by altering the production of inflammatory mediators, modulating neutrophils infiltration, and altering VEGF effector pathway. OA action mechanisms as anti-tumor agent in different cancer types are compiled for the first time based on its anti- and pro-carcinogenic actions. Omega-9 fatty acids: potential roles in inflammation and cancer management - PMC **Omega 6** can promote cancer growth. It can be found in sunflower oils and vegetable oils. It can make inflammation worse. However, if the oil has a high-Omega 9 content it can neutralize the omega-6. I am hoping this is the case in this supplement that I am currently taking. It is hard to find Omega-9 supplements by themselves.
Noon / Bed Turmeric 700mg (Curcuminoids 475 mg) (1 Tab/BID) **HOLD on IVC days**	Curcumin, or turmeric, is a polyphenol extracted from Curcuma longa. Curcumin has antioxidant, anti-inflammatory, antimicrobial, antiviral, and anticancer properties. Curcumin interferes with multiple cell signaling pathways in cancer cells, including: 1. Cell cycle (cyclin D1 and cyclin E) 2. Apoptosis (activation of caspases and down-regulation of antiapoptotic gene products) and proliferation (HER-2, EGFR, and AP-1) 3. Survival (PI3K/AKT pathway) 4. Invasion (MMP-9 and adhesion molecules) 5. Angiogenesis (VEGF) 6. Metastatis (CXCR-4) 7. Inflammation (NF-kappa B, TNF, IL-6, IL-1, COX-2, and 5-LOX) Curcumin has poor oral bioavailability due to poor absorption and rapid elimination through the gall bladder. It has low solubility in water and is often taken with full-fat milk and black pepper. However, dairy is not good for cancer patients and should be avoided as much as possible. In the US there are a large number of

	products formulated to enhance bioavailability including Curcuminoid extracts with some type of lipophilic carrier. The best source to take in the curcumin is by eating Turmeric daily. If you are juicing, then add about a knuckle-sized amount to your juice each day. Add black pepper to your food, such as putting it on a healthy salad.`
<u>Eve.</u> Calcium 600mg QD **HOLD on IVC days**	Experimental studies suggest that calcium may exert anti-carcinogenic effects through down-regulating cellular proliferation and increasing differentiation and apoptosis. Colorectal cancer is the third most commonly diagnosed cancer both in the US and worldwide. Calcium intake has been associated with a lower risk of colorectal cancer. We have demonstrated that each 300 mg/day increase in total calcium intake was associated with an approximately 8% decreased risk of colorectal cancer both in cohort studies and a meta-analysis. A new ` study suggests that consuming 300 mg per day of calcium, roughly the equivalent of one cup of 1 percent milk, can reduce colorectal cancer risk by 17 percent. I also chose to add Calcium because I am limiting my dairy intake and do not believe I am getting enough of it naturally.
<u>Eve.</u> Amla 350mg (stem)/250mg (fruit) 1 cap/QD **Hold on IVC days**	Amla has a couple of other names – Amalaki and Indian gooseberry. It is the most potent anti-cancer berry. It has been used for centuries in India for medicine. It has the highest antioxidant content of any food on earth and has a very high concentration of Vitamin C, second only to camu camu. Antioxidants help neutralize reactive oxygen species known as free radicals. Free radicals can damage other cells, which can lead to cancerous mutations. Cancerous tumors create free radicals in the body, so you need a steady supply of antioxidants to neutralize them. Chemo and radiation therapy produce mega-loads of oxidative stress and free radicals in the body. So, you need antioxidants because these treatments will deplete your body's level of antioxidants very quickly. I take a tablet; however, they also sell organic Amla powder on Amazon.
<u>Eve.</u> Vitamin Code Healthy Blood 2 capsules/twice a week	While taking Vitamin B12 and Folate can increase the risk of causing cancer to have worse outcomes, it can also cause issues to not have enough of these vitamins. To help balance the amount that I am taking, I decided to add this dose on Mondays and Thursdays of my regimen.
<u>Bed</u> Sea Buckthorn Berry (Omega 7) 4400 mg QD	All cancer cells upregulate fat metabolism for the manufacture of new cell membranes, through fatty acid synthesis (SREBP-1 and FAS) and the cholesterol pathway (Mevalonate and SREBP-2). Blocking all these pathways means that the cancer cells will struggle to make new cell membranes. You can slow growth markedly. (Berberine helps the SREBP-1 pathway.) Meanwhile, metformin or berberine plus the acetyl portion of Aspirin help block fatty acid synthase (FAS). The Sea Buckthorn Oil (Omega 7) also helps with blocking FAS. Atorvastatin works on the mevalonate pathway, which blocks the cells' ability to make cholesterol for new cell

	walls. It is best to take Omega-7 with Omega-3 and Omega-9 to help prevent all the major metabolic diseases. It works most efficiently in the presence of bifidobacteria in the gut.
Bed Loratadine 10mg QD	The antimalarial Hydroxychloroquine and antihistamine Loratadine (Claritin) both work by disturbing the pH of the lysosomes that are breaking down the engulfed extracellular fat and protein (from micropinocytosis). Lysosomes are the most acidic part of the cell and the enzymes inside these organelles become even more acidic as cancer progresses, encouraging further oncogenic changes. So, it is important to disrupt their pH level. (*Note* Loratadine may increase muscle pain when combined with a -statin drug.)
<u>Bed</u> (Atorvastatin) Lipitor 20 mg QD (goal is 40mg)	Statins may affect tumor cells directly in four main ways: 1.) growth suppression 2.) apoptosis induction 3.) anti-invasive and anti-metastatic effects 4.) anti-angiogenic effects. A primary effect is that -statins block the activity of the cholesterol-producing enzyme HMG CoA, which means less cholesterol is available to produce new cell walls in rapidly proliferating tumors. There is a synergistic effect of -statin drugs when mixed with NSAID drugs to cause an increase in cancer tumor cell death (apoptosis) by as much as five times more.
<u>Bed</u> Melatonin 10mg qHS	Melatonin is a small, lipophilic molecule that is secreted by the pineal gland in response to darkness. Elevated levels of melatonin at night stimulate target organs to enter into suitable homeostatic metabolic rhythms, which help protect the body from developing different diseases. Melatonin can inhibit the proliferation of cancer stem cells. Melatonin can prevent VEGF expression. Melatonin may benefit cancer patients receiving chemotherapy, radiotherapy, supportive therapy, or palliative therapy by improving survival and ameliorating the side effects of chemotherapy. Suggested dosing: Begin with 1 mg at night (preferably with a slow, extended-release formula) taken about 1 hour before bedtime. The dose should be increased to 20-30 mg per night, as tolerated. May cause early morning drowsiness and “bad dreams” especially if increased too quickly.
<u>Bed</u> Naltrexone 4.5mg qHS (weaning onto medicine @ ~2.25 mg qHS)	Naltrexone is an opiate receptor antagonist. However, low-dose Naltrexone (LDN) (@ 4.5 mg) has potent anti-inflammatory qualities. LDN can disrupt immune responses by inhibiting cytokine production by peripheral blood mononuclear cells by antagonizing Toll-like receptors 7-9 (TLRs). LDN is thought to improve adaptive immune responses. It can reduce tumor growth by interfering with cell signaling. **Start with a dose of 2 mg/day and increase to 4.5 mg/day. Do NOT increase above 4.5 mg due to a paradoxical reduction of anti-inflammatory effects of LDN.**

I hope all of this helps. Do not give up hope. God knows your struggles and just like a goldsmith refines gold in a crucible to get the purest form of gold, God will use these difficult trials to purify your character and grow your faith.

Proverbs 17:3 As silver in a crucible and gold in a pan, so our lives are refined by God.

Psalm 12:6 And the words of the Lord are flawless, like silver purified in a crucible, like gold refined seven times.

Please reach out to me if you have any questions.

Sincerely,

Jeannie Thomas

The Rosalyn Protocol (by Kevin Franklin)

Purpose

The Rosalyn Protocol is a comprehensive medical approach designed to utilize a combination of antiparasitic, anti-inflammatory, and immune-modulating therapies pre- and post-surgery. The protocol focuses on high-dose medications, dietary changes, and lifestyle adjustments to address complex medical conditions by targeting multiple metabolic pathways.

Pre-Surgery Protocol

Goal

To prepare the body for surgery by reducing angiogenesis and parasitic load using high-dose antiparasitic treatment.

Treatment Plan

- **Medication**: High-dose Ivermectin, 28 mg daily while in the ICU.
- **Duration**: Administer daily before surgery.
- **Rationale**: Ivermectin is used for its anti-angiogenic and antiparasitic effects.

Post-Surgery Protocol (First Four Weeks)

Initial Intensive Phase

The first four weeks post-surgery focus on high-dose antiparasitic, antimicrobial, and immune-boosting therapies.

Treatment Plan

1. **Ivermectin**: 28 mg daily.
2. **Fenbendazole**: 1500 mg, twice daily.
3. **Hydroxychloroquine (HCQ)**: 200 mg daily.
4. **Doxycycline Hyclate**: 100 mg, twice daily.
5. **Life Extension Vitamin D3**: 5000 IU, two tablets daily.
6. **Monitoring**: Regular assessment of medication efficacy and patient tolerance.

Continued Therapy (Weeks 5-12)

Transition Phase

After the first four weeks, the protocol introduces a keto-light diet, exercise, and adjusted medication dosages.

Dietary and Lifestyle Changes

- **Diet**: Keto-light (no sugars, low carbohydrates).
- **Exercise**: 2-3 miles of physical activity per day.

Adjusted Medication Plan

1. **Ivermectin**: Reduced to 19 mg per day.
2. **Hydroxychloroquine**: 200 mg daily.
3. **Vitamin D3**: 5000 IU, two tablets daily.
4. **Fenbendazole**: Reduced to 500 mg, twice daily.
5. **IV Vitamin C**: 50 grams, administered twice weekly.

6. **Doxycycline Hyclate**: 100 mg, twice daily.

7. **Ultra Botanica Onco Adjunct 1, 2, 3, 4**: Daily supplementation, containing:

- Berberine
- Curcumin
- EGCG
- Resveratrol
- Quercetin
- Frankincense
- CBD

8. **Additional Off-Label Drugs**:

- **Lipitor (Atorvastatin)**: 40 mg daily.
- **Metformin**: 500 mg daily.
- **Baby Aspirin**: 81 mg daily.
- **Tagamet (Cimetidine)**: One tablet daily.
- **Turkey Tail Mushrooms**: Daily supplementation.

Maintenance Phase (After Month 3)

Long-Term Management

The protocol is adjusted to maintain efficacy while reducing medication burden.

Treatment Plan

1. **Ivermectin**: Maintained at 19 mg daily.
2. **Mebendazole**: Switched from Fenbendazole, 224 mg daily.
3. **Onco Adjunct**: One tablet of each daily.
4. **Tagamet**: One tablet daily.
5. **Baby Aspirin**: 81 mg daily.
6. **Metformin**: 500 mg daily.
7. **Lipitor**: Discontinued at Month 8.

8. **IV Vitamin C**: Reduced to 50 grams, once weekly.

9. **Probiotics**: Daily supplementation.

10. **Doxycycline Hyclate**: Reduced to 100 mg, once daily.

11. **Vitamin D3**: 5000 IU, two tablets daily.

Monitoring and Safety

• **Liver Enzymes**: Regular monitoring of AST and ALT to ensure liver function remains within normal limits.

• **Adjustments**: Modify dosages or discontinue medications as needed based on liver enzyme levels and patient response.

Treatment Objective

The protocol is focused on the "kill phase," targeting disease from multiple metabolic pathways using a combination of antiparasitic, antimicrobial, anti-inflammatory, and dietary strategies.

Note: This protocol is based on a combination of off-label drug use and supplements. It should be administered under the supervision of healthcare professionals, with careful monitoring and adjustments based on individual patient needs.

Where to purchase:

Fenbendazole - https://www.valleyvet.com/ct_detail.html?pgguid=30E0766B-7B6A-11D5-A192-00B0D0204AE5

Ivermectin - https://www.valleyvet.com/ct_detail.html?pgguid=4D9A49D8-394F-46B3-883C-733D88C2C257

Ivermectin Tabs – Compounding Pharmacy of America 865-877-2488

Mebendazole Tabs – Pharmacy Solutions 800-542-5767

https://pharmacydelivers.com/product/ivervid-12-ivermectin-12mg/

Ultra Botanica Onco-Adjunct 1,2,3,4 - https://ultrabotanica.com/product-category/onco-adjunct/

Here is a list of natural anti-parasitic foods:

1. Papaya

2. Onion
3. Garlic
4. Coconut
5. Ginger
6. Clove
7. Turmeric
8. Pumpkin Seeds
9. Pineapple
10. Apple Cider Vinegar
11. Oregano Oil
12. Wormwood

Here are some good links:

https://mycancerstory.rocks

Joe Tippins story is a great one. Please make sure to read.

Joe Tippins Video https://www.youtube.com/watch?v=6a82Ra4c04Q

https://www.naturalnews.com/2023-06-30-synergistic-pairing-ivermectin-fenbendazole-prevent-treat-cancer.html

Synergistic pairing of ivermectin and fenbendazole found HIGHLY EFFECTIVE at preventing and treating cancer – NaturalNews.com

Couple of good books to read:

Jane Mcllelands "How to Starve Cancer" Amazon.com: How to Starve Cancer: ...Without Starving Yourself (Audible Audio Edition): Jane McLelland, Nano Nagle, Dreamscape Media: Books

Dr. Paul Maarik's Book: Cancer Care: The Role of Repurposed Drugs and Metabolic Interventions in Treating Cancer. Cancer Care: The Role of Repurposed Drugs and Metabolic Interventions in Treating Cancer: Marik, Paul E: 9780960121700: Amazon.com: Books