

Treating Breast and Prostate Cancer

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This document is best viewed on a computer because of the many links to external information.

Cancer Detection

Tumors are not created by cancer. Tumor sacks are created by the body's immune system as a way to encapsulate cancer cells to prevent spreading (metastasis). Cancer cells are microscopic and a tumor sack can hold millions or billions of cancer cells. Smaller tumors may be detected by feeling for lumps in an organ. Most cancer is a metabolic disease (not a genetic disease) and it's created as illustrated in the following time sequence.

High carbohydrate diet→hyperglycemia→hyperinsulinemia→tissue inflammation→Cancer.

Individual cancer cells are microscopic and can only be detected by microscopes. Tumors are much larger and may be detected by scanners or palpation.

MRI: Detects tumors as small as 1-2 mm.

CT Scans: Typically detect tumors around 5-10 mm or larger.

PET Scans: Detects cancerous lesions as small as 4-6 mm.

Human Fingers: Can sometimes feel cancers as small as 1-3 cm.

A very convenient way of detecting inflammation of the prostate is a PSA blood test. PSA indicates that there is inflammation of the prostate gland *but it is not an indicator of prostate cancer*. However, there is an association between prostate inflammation and prostate cancer. So if you know you have cancer you can monitor PSA to determine treatment effectiveness. **Request** that you be tested for parasites in addition to being tested for cancer, because parasites can be misidentified as cancer. Most Allopathic MDs reject the presence of micro-parasites immediately. Review the following 3 links to short videos about the dangers of biopsies.

[Biopsies 1](#) [Biopsies 2](#) [Biopsies 3](#) [Biopsies 4](#)

Metastasis and Needle Biopsies

Once a tumor sack is breached, millions of cancer cells are likely to be released into the blood and interstitial fluid, and become free to metastasize anywhere. This means the immune system must then be tasked with the job of recapturing all metastasized cancer cells and creating many other tumor sacks to contain them; or it must somehow eliminate them and "dispose of" them via the lymph system. If the immune system is weak that may be an impossible task. So take Vitamin D3+ K2 and Ivermectin.

In my opinion and many others, once a tumor sack is breached by a needle, for safety, one should assume that bleeding will **always** occur and therefore metastasis will always occur. Why risk getting body-wide cancer by assuming no metastasis will occur? Metastasis won't be immediately detectable because the leaked cells are microscopic and not detectable by any known scanning method. However, cancer can grow and appear at several other locations in less than a year, after metastasis has occurred. *Your MD's opinion will very likely differ from mine, he wants you to allow the needle biopsy.* MDs deny metastasis and push the needle biopsy approach, because:

- 1) It is cheap and insurance will pay for it and for his fee,
- 2) Knowing the cancer type will indicate which treatment would be best,
- 3) Insurance won't authorize an initial PET scan without a biopsy report.

Universal Cancer Treatment Strategy

Simple Low Cost and Low Risk Treatment That Will Work for Most Cancer

I propose the following method to bypass the biopsy process and extra cost completely. For any Cancer: start immediate treatment by taking the **Starting Dose** of the chosen cancer drug. Monitor the cancer size (blood test or scanner) monthly. Adjust the amount of drug taken accordingly. Stop a month after the test indicates the cancer is gone. This strategy can be used for Prostate Cancer, Breast Cancer and any other cancers that can be measured in volume, mass, or a blood test. Here is a simple procedure diagram.

MEASURE TUMOR->DECIDE DAILY DRUG DOSE->TAKE DRUG->WAIT 2-4 WEEKS->REPEAT or STOP

Examples:

For Prostate Cancer: monitor and track the PSA blood test result, increase/decrease the drug dose based on the PSA test result. Stop when the PSA falls in the 2-4 range.

For Breast Cancer: monitor the tumor size (palpate-daily and, ultrasound-monthly). Rub on the antiparasitic drug and take it orally. Stop when the tumor size is undetectable.

Increase or decrease the drug dose according to the cancer shrinkage/growth. Continue treating a month or more after the cancer becomes undetectable. Take a monthly treatment annually after cancer eradication.

PET Scans may be purchased without an MD's prescription if you pay for them yourself. In the USA, you can get blood tests by prescribing them yourself, and paying for them yourself, on this website.

OwnYourLabs.com. For PET, MRI or CT, you should get quotes from local scanning companies.

Prostate Cancer

Development and Cause

The typical prostate gland suffers inflammation from hyperinsulinemia; caused by Insulin Resistance that was caused by having long term **Metabolic Syndrome**. The PSA test is a **marker for inflammation only**, and NOT FOR CANCER! Treatment: *Start eating a low carb diet and stop eating all seed oils .Keep PSA<4*. Boost your immune system by taking high dose vitamin D3 until blood vitaminD(25-OH)>100.

Treatment

The beginning: the PSA test result indicated prostate inflammation was greater than 4.0. The inflammation might be caused by: an infection, a fatty overgrown gland, or gland damage due to cancer of the prostate (Cancer usually begins in the cells of an inflamed prostate gland). Another occurrence may be: reduced urine flow because of the swelling caused by inflammation. The PSA test result is high but this reveals nothing about the exact cause of the gland inflammation. Prostate cancer can't be diagnosed yet, it's just a possibility.

If you have prostate cancer, the value of your PSA blood test will usually increase in direct response to the amount of inflammation of the prostate gland, and decrease in proportion to the amount of antiparasitic drug you take. This effect shows the efficacy of using antiparasitic drugs to reduce inflammation.

Breast Cancer

Treatment

There is an Ivermectin based rub-on treatment that will work well for breast cancer without the metastasis causing biopsies, and it can be done annually as a prophylactic. Breast cancer tumor sacks, created by the immune system, are not detectable until they are palpable or over ~4 mm. A tumor sack contains billions of cancer cells that will leak out if biopsied. If you have lumps, skip compression and radiation based breast scans and biopsies. Compression may burst [cancer tumors](#) and cause metastases. Low pressure Ultrasound is OK if it doesn't greatly compress the breast. You may take an oral dose of Ivermectin or Fenbendazole, while simultaneously rubbing on Ivermectin. DMSO may be mixed with sterile Ivermectin liquid to amplify its effects.

From Google: Triple Negative Breast Cancer (TNBC): 3 Estrogen receptors (ER) and progesterone receptors (PR) and (HER2) are missing: These receptors bind to the hormones estrogen and progesterone, respectively, which can stimulate breast cancer cell growth. TNBC lacks these 3 growth receptors, so hormone therapy and HER2-targeting drugs can't be used to treat TNBC. So, less effective and more deadly chemo drugs must be used by oncologists to try to kill TBMC cancer.

Ivermectin (an immune system modulator) and Fenbendazole attack cancers by starving them of nutrition. In addition, DMSO can eliminate cancer cells by reverting them to normal cells.

See the biopsy discussion links on the top page above. You don't need to know any information that a biopsy would reveal, to kill the cancer using Ivermectin or Fenbendazole. You only need to know that the tumor size shrinks monthly! Instead of the biopsy, take a double dose of Ivermectin for a few months. You should be able to monitor or feel the lumps shrink as the cancer healing process progresses. You can measure with ultrasound (without compression) monthly. After the cancer disappears, prophylactic doses of Ivermectin may be taken for a month then once or twice a year to prevent cancer recurrence. The need for Chemo, X-rays and Biopsies is gone.

Dosing Ivermectin (and DMSO)

First, convert your weight in lbs to kg. Conversion: 1 kg = 2.2 lbs.

For Ivermectin (paste or liquid), Use: 1 mg for every 1 kg of body weight, and pick the **Starting Dose** for cancer.

Example: a 150 lb (68 kg) person takes 1 dose daily. Select a **Starting Dose** based on the seriousness of the cancer. Start with a smaller dose and increase slowly if required by the test results from the tumor(s). Select a **Dose=68 mg of Ivermectin**. This can be considered an "average dose" and can vary up/down from the **Starting Dose**, by 50%. You should adjust the dose after a cancer CT, by observing the effect on the cancer size.

If combining DMSO and Ivermectin: *Set the volume of DMSO = Vol of Ivermectin*. Rub on the mix.

If taken orally, add 4-8 oz of water, to increase the palatability. Then drink the mix.

Dosing Fenbendazole

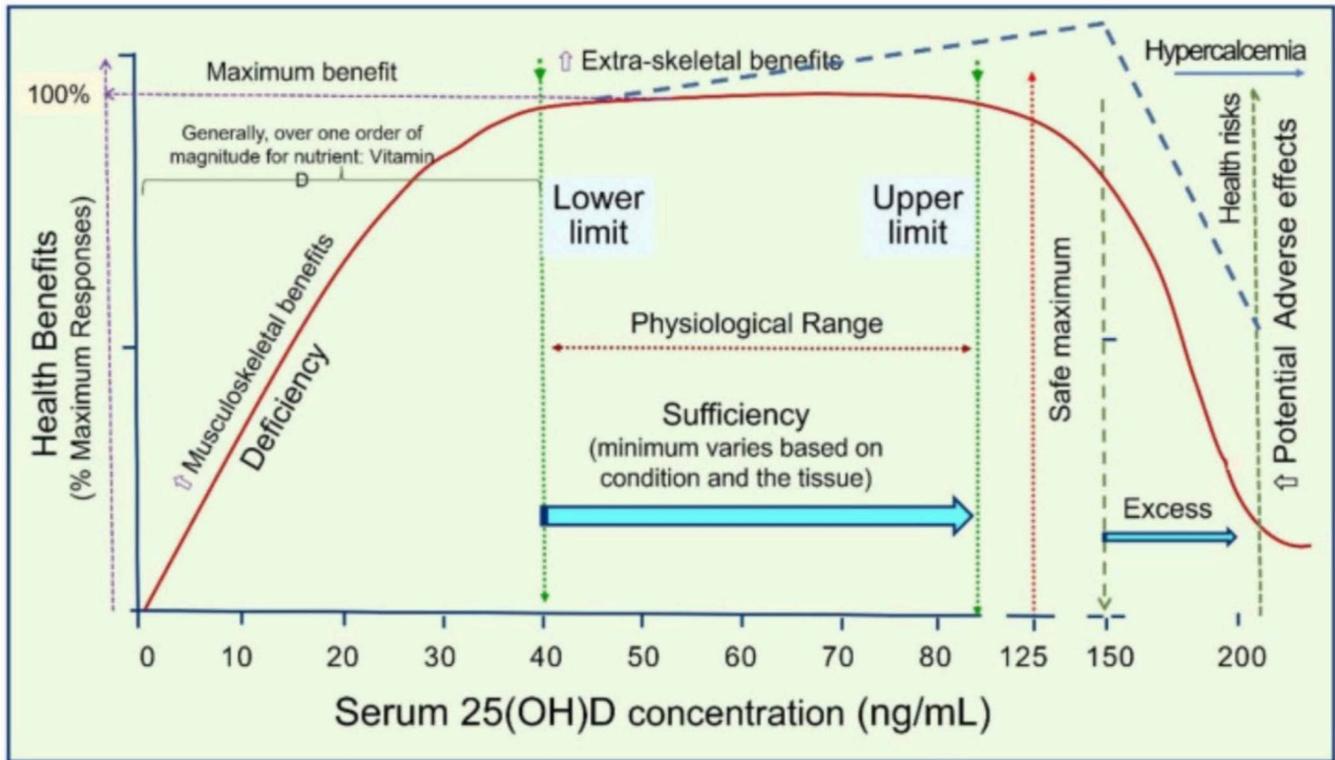
Typically, there is a treatment time range used to rest the liver: treating 5 days per week, then skipping for 2 days. Some people may not need the rest time.

Safe dose range for cancer: 10 mg - 50 mg, for every 1 kg of body weight. Select **Starting Dose** based on the seriousness of the cancer.

A 150 lb (68 kg) person might select a **Starting Dose** of 30 mg for cancer. Increase it later if CT is high. Daily Dose Range: 2040 mg - 3400mg of Fenbendazole for 5 days, then skip 2 days. Repeat weekly.

HOW TO CREATE YOUR VACCINE AGAINST INFECTION, DISEASE AND CANCER

This graph shows the relation between Serum 25(OH)D and your Health



Video: [Dosing Vitamin D for cancer patients](#)

This section discusses ways to increase the body's inherent abilities to resist disease. Because Ivermectin is an immune system modulator, boosting your immune system as described below, will also increase the effectiveness of Ivermectin. Most people also have a Serum 25(OH)D level that is too low to effectively kill cancer.

Prevention first: discourage cancer growth: take a 1 tsp/day of Sodium Bicarbonate to raise your body's pH.

Take enough vitamin D3+K2 to boost your immunity to the following range:

Vit D(25-OH) range:

$80 < \text{Vit D}(25\text{-OH}) < 100$.

and your immune system will be able to better defend against all infections and diseases.

Here's how:

Buy these Amazon supplements: [Vitamin D3+K2, 5000 iu](#)

Plus [Magnesium Glycinate](#) This is to be taken with the above to activate Vitamin D3.

* Note: 1 iu = 0.025 mg = 25 mcg, or 1 mg = 40,000 iu.

Fast Start boosting;

Take 15,000-20,000 iu/day of Vitamin (D3+K2) until 100>vit (D25-OH)>90. Test blood monthly.

Maintaining your protection:

Keep blood Vit (D25-OH)>90+

Take Vitamin (D3+K2) at 10,000 iu/day (every 1-3 days) to maintain the range. Test blood quarterly.

The recommended vitamin D3 doses above are really quite small. Milligrams were originally used to specify vitamin D3 dosages. International Units (iu) have replaced mg.

When vitamin D3 was required to be sold over-the-counter, Big Pharma fought to keep it as “prescription only.” They lost. Then, Big Pharma decided that “iu” be used for the units used to measure Vitamin D3, rather than using gm.

Specifying vitamin D3 in “iu” units would show much larger numbers and should influence the average person to buy and use smaller doses of vitamin D3, and hence hospital use would increase!

Blood Tests (USA)

You can get low cost, “you pay” blood tests without consulting your Dr. Try this link. WWW.OwnYourLabs.com

The above information is not intended to be “Medical Information,” which you can get from an Allopathic MD Oncologist. If you do that, please let me know how the Allopathic (or otherwise) approach to cancer treatment and cure worked for you. Also, let me know if you were successful or not, in using the above information.