# Metastatic Pancreatic Adenocarcinoma

## **Patient**

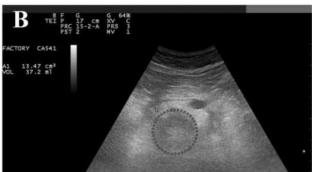
73-year-old man was diagnosed with metastatic pancreatic adenocarcinoma. (Lynda Thyer, 2014 Oct 6-10)

# **Treatment**

- 1. Vitamin D3 at 20,000 IU per day (blood levels must be monitored). (Thyer L, 2013 Jul 8) (den Hollander P, 2013 Sep 23)
- 2. Very low carbohydrate diet with protein (Master Amino acid Pattern MAP®) and high fat, known to correlate with stable disease or partial remission i.e. Dietary Ketosis. (Fine EJ, 2012 Oct 28)
- 3. Drink at least 2 litres of water per day. (Emma Ward, 2014 Mar 8)
- 4. 140mls daily of Bravo yoghurt containing naturally occurring OA-GcMAF. (Artym J, 2013 Aug 6)
- 5. Bravo suppositories daily containing 200ng of OA-GcMAF. (Lynda Thyer, 2014 Oct 6-10)
- 6. 100mg daily of acetylsalicylic acid (aspirin). (Thorat MA, 2013 Dec 15)
- 7. 1960ng of OA-GcMAF daily (880ng via inguinal lymph nodes, 880ng via nebulisation in 5ml of saline, 200ng via suppository. (Lynda Thyer, 2014 Oct 6-10)

#### Results





A 73-year-old man was diagnosed with metastatic pancreatic adenocarcinoma.

Previous CT scans had evidenced peritoneal metastases. The patient was overweight and presented with an insulin-dependent diabetes. Due to the morphological constitution of the patient, the primary pancreatic lesion could not be evidenced by ultrasonography. However, a hypo-echoic roundish mass in the abdomen, interpreted as one of the metastases, was taken as reference. This mass was irregularly hypo-echoic with a relatively hyperechoic central area and a calculated volume of 52.8 ml (Figure A).

After two weeks of treatment, the calculated volume of this lesion was reduced by 30% (Figure B). In addition, thanks to the GcMAF regimen described above, the patient was able to discontinue insulin administration and did not require oral antidiabetic drugs.

### References

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