CASE REPORT

Resolution of three of four brain metastases in stage IV breast cancer on a targeted metabolic therapy protocol

Age 55–59 · female · Breast cancer · stage IV · followed over 3 months

Summary

A woman aged 55–59 with stage IV breast cancer and brain and lung metastases, previously treated with left total mastectomy with left axillary nodal dissection and right parasagittal parietal craniotomy, had four enhancing brain lesions at month 0, measuring 4 mm, 34 mm, 6 mm and 6 mm. She began a targeted metabolic therapy protocol at month 2, centred on a strict therapeutic ketogenic diet — the approach of principal interest in brain cancer — together with mebendazole, high-dose melatonin and full-spectrum CBD with THC. She also had high COVID-19 spike protein levels (20,000+) and followed a spike protein formula protocol on top of the targeted metabolic therapy protocol. At follow-up imaging at month 3, three of the four lesions had resolved and the 34 mm left temporo-occipital mass had decreased. No other concurrent anticancer therapy was documented in the reports reviewed.

Case presentation

The patient was a woman aged 55–59 with stage IV breast cancer. The primary tumour arose in the left breast, previously managed with left total mastectomy and left axillary nodal dissection; she had also undergone a right parasagittal parietal craniotomy, with postoperative changes and a treated resection cavity described on imaging. Procedure dates were not stated in the reports. Metastatic disease involved the brain and the lung. Comorbidities comprised age-related degenerative spine disease (generalized disc desiccation, posterior annular bulges, facet arthropathy, Modic type II changes at L4–L5), mild left neural foraminal stenosis at C5–C6, mild dextroconvex scoliosis, severe atrophy of the paraspinal musculature, and a benign C7 vertebral body hemangioma. She also had high COVID-19 spike protein levels (20,000+).

Baseline imaging at month 0 identified four enhancing brain lesions:

- Nodular enhancement in the right superior parietal surgical bed, 4 mm
- Cortical-based enhancing mass in the left temporo-occipital region, 34 mm
- Cortical-based enhancing lesion in the left postcentral gyrus, 6 mm
- Cortical-based enhancing lesion in the precuneus, 6 mm

The protocol was started at month 2 of the reported period.

Protocol

At month 2 the patient began a targeted metabolic therapy protocol. Its cornerstone was a strict therapeutic ketogenic diet, the component of principal interest in brain cancer, combined with 16:8 intermittent fasting, ongoing 48-hour prolonged fasts and daily glucose and ketone monitoring. Alongside the diet she took mebendazole, high-dose melatonin and full-spectrum CBD with THC, supported by ivermectin and a broader daily supplement and lifestyle programme including sleep optimisation, stress management, hydration with electrolytes and avoidance of environmental toxins. On top of the targeted metabolic therapy protocol she followed a spike protein formula protocol for her high COVID-19 spike protein levels (20,000+). No other anticancer treatments were documented during the reported period.

Outcomes

Follow-up imaging at month 3 showed:

- Right superior parietal surgical bed (baseline 4 mm): resolved
- Left temporo-occipital region (baseline 34 mm): decreased; final diameter not stated, so percentage change could

not be calculated
- Left postcentral gyrus (baseline 6 mm): resolved
- Precuneus (baseline 6 mm): resolved

Three of the four measured brain lesions had therefore resolved and the fourth, the largest, had decreased; no lesion enlarged and no new enhancing brain lesions were described in the follow-up report. Lung metastases were not measured, and no other laboratory values or symptom scores (0–10 scale) were documented for this report.

Discussion

This case describes resolution of three of four measured brain metastases and a decrease in the fourth, a 34 mm cortical-based mass, on follow-up imaging after initiation of a targeted metabolic therapy protocol.

The protocol centred on a strict therapeutic ketogenic diet, of particular interest in brain cancer given the glucose dependence of brain tumours, combined with mebendazole, high-dose melatonin and full-spectrum CBD with THC. She simultaneously followed a spike protein formula protocol for high COVID-19 spike protein levels (20,000+). The contribution of individual components cannot be isolated in a single case.

Limitations include the single-patient design without a comparator, the short interval between protocol initiation and follow-up imaging, possible contributions of prior surgery and postoperative evolution at the treated right parietal resection cavity and the unstated final diameter of the temporo-occipital mass.

Conclusion

In a woman aged 55–59 with stage IV breast cancer and brain and lung metastases, a targeted metabolic therapy protocol centred on a strict ketogenic diet, with mebendazole, high-dose melatonin and full-spectrum CBD with THC, was followed at month 3 by resolution of three of four measured brain metastases and a decrease in the fourth. During this time she also followed a spike protein formula protocol for high COVID-19 spike protein levels (20,000+). With no other concurrent anticancer therapy documented, these findings support further systematic evaluation of ketogenic-centred targeted metabolic therapy in metastatic breast cancer.

Tumour measurements

Lesion	Site	Before	After	Change	Trend
Nodular enhancement, right superior parietal surgical bed	Brain	4 mm · start	resolved · month 3	—	Improved
Cortical-based enhancing mass, left temporo-occipital region	Brain	34 mm · start	decreased · month 3	—	Improved
Cortical-based enhancing lesion, left postcentral gyrus	Brain	6 mm · start	resolved · month 3	—	Improved
Cortical-based enhancing lesion, precuneus	Brain	6 mm · start	resolved · month 3	—	Improved

Times are months from the start of the reported period. Identifying details have been removed.