

The Ketogenic Diet

Basically you are eating above the ground green stuff, lots of fat (avocado, coconut oil, butter, olive oil etc.) and 20+ tablets of MAP® protein with optional 100 grams of meat/eggs/fish/poultry per day. Measure your ketones with a finger prick blood test meter. You are in Nutritional Ketosis at 0.5 to 3.0 mmol/L. Levels up to 6.0 can occur from starvation. If you eat too many carbs or too much protein (except MAP®) per day you will drop out of ketosis. Also measure your glucose levels. They should progressively decrease and remain stable to the lowest possible value and NOT increase after meals. However, **do NOT lose weight** – increase MAP tablets up to 50 a day and eat more macadamia nuts and avocados to stop weight loss.

Dietary Supplements

- **Vitamin D** - 20,000IU per day. Blood levels of Vitamin D should be monitored and kept between 150 and 250 nmol/L.
- **Olive Oil** - 1 tablespoon of extra virgin olive oil daily. Provides Oleic acid and Omega 3.
- **Triple Tomato Concentrate** - 1 tablespoon mixed with olive oil per day. Particularly helpful for prostate cancer. Optional, yet helpful, in other pathologies. Provides Lycopene.
- **Aspirin** – 75mg per day. Cease in case of bleeding.
- **Water** - drink at least two litres of water or herbal tea each day. For alkaline water <http://pHenomenalwater.com> is recommended.
- **Lugol's Iodine** – 2 drops daily if thyroid nodules are evidenced.

Pro-Oxidative Status

Implement moderate exercise or hyperthermia to establish and maintain a pro-oxidative status.

GcMAF Orally – Bravo Probiotic Yoghurt

140mls daily to be swilled in the mouth for 60 seconds before swallowing. It is recommended that you consume this in the Bravo Super Shake recipe for breakfast or lunch.

GcMAF Rectally – Bravo Suppositories

Minimum dosage - 1 to be inserted, twice a week, on the night prior to a Sonoporation treatment. Pancreatic, liver or bowel cancer – for maximum effect, 1 every night after retiring.

GcMAF in the Lymphatic System – in clinic

GcMAF to be injected into proximity of lymph nodes located nearby tumour mass. Injection is guided by ultrasound imaging. Dosage to be determined by a doctor, but is commonly 1500+ng per week.

GcMAF nebulized to the Lungs – in clinic

GcMAF to be delivered to the lungs in a mist nebulizer. Dosage to be determined by a doctor, but is commonly 1500+ng per week. Dosage is dissolved in 5mls of saline each time.

Sonoporation – in clinic

Increasing tumour membrane permeability and intracellular drug/molecule uptake by cavitation on the cell membrane by using low frequency high power ultrasound for 10 to 15 minutes.