

# PARASITE PROTOCOL

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Parasites evade detection and diagnosis better than most human pathogens, which in part explains why most healthcare professionals deny their existence or clinical relevancy. Since diagnostic tests are often falsely negative or not reliable, astute clinicians must deduce the presence of parasites. As Sherlock Holmes would say, "Eliminate all other factors, and the one which remains must be the truth."<sup>11</sup> In other words, once the more common causes of GI problems, such as bacterial or yeast overgrowth have been eliminated, the only possible cause of the symptoms must be parasitic. I performed a study on 195 serial stool tests (CDSA) performed by Genova Diagnostics and found that parasites were detected on 17.9% of the samples. Now that a DNA analysis is offered by Metametrix Labs, I have found a much higher detection level. These study results suggest that parasites are a very common cause of gastrointestinal symptoms as well as many disorders and diseases.

Complaints of chronic GI symptoms such as diarrhea, constipation, nausea, abdominal pain, bloating and gas are common, but they are not necessarily present in the chronic stages of these infections. Occasionally all tests in such patients for GI functioning are normal, suggesting that something other than unfriendly flora is causing the symptoms. This used to perplex me – but not any more. Now I know that the hard-to-detect parasites are quietly skulking behind the scenes. Parasites do not seek to damage the host unnecessarily, since they only want a comfortable home. Parasites often do not cause symptoms unlike unfriendly yeast or bacteria. The newer stool testing offered by Metametrix ([www.metametrix.com](http://www.metametrix.com)) which uses DNA detection technologies, is proving to be a far more reliable detection method than the older microscopy techniques, especially for finding these difficult to detect pathogens.

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<sup>11</sup> **Sherlock Holmes** by Sir Arthur Conan Doyle, *The Sign of the Four*

Parasites secrete toxins, some of which are toxic to the brain and can cause psychiatric and neurological symptoms. Some CAM (Complementary/Alternative Medicine) practitioners have suggested that the neuropsychiatric symptoms caused by parasites are reminiscent of the symptoms of “possession,” and that those infected or “possessed” by these demonic critters may have benefited by exorcism rituals, which often included herbal remedies which could result in them being “cast out.” Not being privy to the scientific knowledge about infectious diseases, our ancestor’s healers did their best with the information they had available to them.

When all diagnostic tests reveal no known cause of GI symptoms, and the causes of dysfunction are elusive, the conventional<sup>2</sup> medicine phenomenological approach can be summed up in one statement – *“Symptoms just happen.”* Or the symptoms will be blamed on “stress” and the patient is told that *“your symptoms are all in your head.”* Such ridiculous appraisals confuse many patients who are experiencing problems in their bellies, not their heads! Patients who are told their symptoms *“just happen”* are usually prescribed psychotropic drugs or symptom suppressive chemicals to alter their symptoms. The message conveyed here, *“Since medical science can’t figure out what’s wrong with you, but just numb your symptoms with this extremely expensive, highly profitable, very toxic and addictive chemical which living cells have never encountered before in all of earth’s history, and I’ll see you in a few weeks.”* The patient is usually advised to continue taking the chemical from then until eternity and return every few months or so to pay for another expensive office visit and a refill.

So here it is straight:

**Many symptoms, disorders, syndromes, maladies and systemic illnesses are often caused primarily by parasitic infections, often accompanied by their bacterial and fungal associates, and they can be diagnosed through appropriate diagnostic testing, and then treated rationally and often cured with a combination of homeopathics, herbals, medication and other treatments.**

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<sup>2</sup> Also called the “usual and customary” or “medically appropriate”

Since no diagnostic test is perfect and the older detection methods are still relatively unreliable in the determination of parasites, and since GI symptoms are not caused by evil spirits and Freudian psychobabble, the clinician must maintain a high index of suspicion, consider the improbable and proceed to look for clues to implicate an unlikely culprit such as parasites. Typical telltale findings indicative of parasitic infection include:

- 1) Vague symptoms of “creepy crawling” skin irritations and itching, especially at night.
- 2) A disparity of lactobacillus (low) to bifidus (high) on stool testing and cultures – parasites seem to compete more with acidophilus.
- 3) Blood in stool – yeast and bacteria generally are incapable of “chewing” through the cells lining the GI tract (mucosal cells) and into blood vessels, but the larger parasites are notoriously capable of inflicting this kind of injury.
- 4) Unexplained anemia, due to #3 above, or low iron, TIBC (total iron binding capacity), and/or ferritin, especially in a non-menstruating female or male.
- 5) Abdominal discomfort in the right lower abdomen, in the area of the caecum, the part of the large intestines which parasites often tend to congregate.
- 6) Low blood amino acid assays (blood) and low protein overall – parasites can consume protein before the host (us) can digest and absorb it. If digestion is good (normal digestive suggested in stool analysis and organic acids) and intake of protein is adequate (>60 grams a day), the question is, “what is preventing the protein from getting to the bloodstream?”
- 7) Unexplained deficiencies in other nutrients such as minerals (e.g., selenium, zinc). This finding coincides with #6 above.
- 8) A history of anti-parasitic treatment (herbs, homeopathics, medication) which improved symptoms or may have immediately worsened symptoms (AKA Herxheimer or “dieoff”) when they were first taken.

- 9) A history of foreign travel to countries where sanitation is questionable or drinking water from an unusual source (such as a well at a campsite) that preceded symptoms, especially if an acute gastrointestinal illness occurred immediately thereafter.
- 10) Anal or rectal itching, AKA Pruritis Ani.
- 11) An unsatisfactory and unexpected negative treatment outcome with a comprehensive yeast or bacterial treatment program that includes the following:<sup>3</sup>
  - a. Total compliance by the patient
  - b. A minimum treatment time of six weeks with an anti-fungal, antibiotic treatment
  - c. Treatment with a drug that was proven by culture and sensitivities to be effective against the particular strain of yeast or bacteria
  - d. No laboratory evidence of immune dysfunction due to HIV/AIDS, immunosuppressive drugs (e.g., prednisone) or heavy metals (e.g., mercury) or other toxicity impairing immune responsiveness.

If any of these are present to any degree and unfriendly flora such as yeast and bacteria have been ruled out as a cause of GI symptoms, however mild, parasites are the cause until proven otherwise. By Sherlock Holmes-style logic what else could it be? And since the exact parasite is often unknown, treatment must be presumptive with a broad range of anti-parasitic antibiotics, herbals and homeopathic remedies (see below).

Individuals who maintain an intact intestinal barrier (no “leaky gut”) and a well-populated “biofilm” of friendly organisms are relatively impervious to parasites or to any unfriendly flora. That is why two people can drink the same water from a contaminated well and only one person develops symptoms, or why 1000 people can eat contaminated beef from a burger chain and only 100 people get sick. Have you ever wondered what happens to the other 900 people that simply shrugged-off the infectious organisms?

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<sup>3</sup> Parasites can “harbor” pathogenic species of bacteria and yeast within the parasite, preventing antibacterial and anti-yeast antibiotics from being effective.

Why does there seem to be no interest at all in their resistance? This apparent oversight stems from conventional medicine's worldview that focuses on disease rather than on the resistance of the host (the milieu).

Most people also believe that parasites are only a problem in undeveloped countries and the third world. Parasites have always been a problem and will continue to infest the modern world. The natural resistance that indigenous people build up to the local parasites may not offer much help in preventing infestations in foreign travelers. Much of the food we eat no longer comes from nearby farms – it may have been harvested from the other side of the world. And the natural foods that tend to inhibit the overgrowth of parasites, such as very hot and spicy foods typically served in warmer climates (where parasites are not killed by seasonal cold spells), may not be regularly included in the diet of those living in cooler regions.

Parasites can be tiny or very large. The microscopic varieties such as Giardia are probably much more common. In my office practice, assessment of 195 consecutive stool tests through microscopy revealed an incidence of 17.9%. Newer diagnostic testing using DNA analysis is far more accurate and initial estimates suggest that parasites are positive in over 50% of the specimens submitted.

Conventional and hospital based labs have a very poor record of detecting parasites in stool samples. Some years ago I treated a patient for parasites and they passed some obvious roundworms. These large and clearly visible parasites were washed off and sent to a local lab for analysis. The report was entirely negative for ova and parasites!

Since parasites are notoriously a diagnostic enigma, I usually recommend prescribing as many simultaneous treatments as possible. In other words, due to the uncertainty as to exactly which parasite is causing symptoms, a clinician is justified in treating with a wide array of interventions. The other line of deductive logic that supports this “shotgun” approach is that a single parasite is rarely alone. Even if only one is found on stool testing, others probably accompany the one that was fortunately spotted.

The progression of treatment I recommend starts with homeopathic remedies (the safest and most gentle) which should be continued throughout the entire 6 to 8 weeks of treatment. After a few days of adjusting to the homeopathic remedies, herbal treatments are phased in which should also be continued for about 6 to 8 weeks. When these are tolerated without any adverse symptoms, anti-parasitic medication is then added one at a time. The medication portion usually lasts for 15 days, and during this time when the parasites are at their weakest, colon hydrotherapy and other interventions such as “zappers” (google information from Hulda Clark) are the most likely to be successful. The whole treatment should take about six to eight weeks.

### **Homeopathic Remedies**

I am not a homeopathic physician, so I usually recommend the shotgun approach of homeopathic remedies manufactured by Deseret Biologicals. These and the herbal remedy below can be purchased at NuPathways ([www.nupathways.com](http://www.nupathways.com)) at 800-614-7714. No one really knows why homeopathic remedies actually work, but amazingly they do – many times in my 35 years of practicing medicine, patients have taken these remedies and have immediately reported worms in their stool! These are simply energy fields which are somehow embedded into the inert carrier substance (water, lactose or alcohol) that somehow have an adverse effect on bad critters. When I recommend homeopathic treatments, I usually include these inexpensive and easy to administer treatments for yeast and bacteria as well, which are often accompanying the parasites or are being harbored by them (living inside larger organisms).

**The recommended dosage is about three drops of each remedy taken together with the others, three times a day, 30 minutes apart from meals, nutritional supplements or tooth brushing (before or after) for about six to eight weeks.** If reactions occur to these, phase them in one at a time to determine which one is causing “die-off” or the destruction of the organisms.

The specific remedies to order are:

- 1) **Ver** (for parasites)

- 2) **Amoeba** (for parasites)
- 3) **Bacteria** (for bacteria)
- 4) **Candida Plus** (for candida)
- 5) **Candida IM** (for candida)
- 6) **FNG** ((for yeast other than candida)

## **Herbal Remedies**

If you are not already on a good probiotic (acidophilus and bifidus), begin this before initiating the herbal therapy below. Probiotics, strangely, are the most likely of all to cause “die-off” symptoms (typically, bloating, gas, discomfort and diarrhea), and if this happens, just decrease the dose to the point where there are little of no symptoms. The general mantra is “start low, and go slow” if symptoms occur. Then gradually increase to 1 capsule twice a day one hour before meals (2<sup>nd</sup> dose can be at bedtime). The best probiotic I have found is Floraverse. Immune 2000 (bovine gamma globulin serum antibodies) and Probiotic Support Complex (bovine colostrum antibodies) can be added for an added benefit at recommended doses. All of these can also be purchased at NuPathways ([www.nupathways.com](http://www.nupathways.com)) at 800-614-7714. Probiotics should be continued indefinitely even beyond the duration of the whole parasite treatment time span.

Herbs contain dozens to hundreds of substances, which vary according to growing season, hydration and soil conditions, etc. As with homeopathic remedies, the scientific basis for herbal effectiveness is also shaky, but my clinical experience strongly suggests they also do work. Herbs are derived from plants that have extraordinary biochemical resistance to the same kinds of pathogens which invade our bodies. Herbs contain antibiotic-like substances called phytochemicals. Over the ages, magical healing properties were ascribed to many herbs and a witchcraft mystique still pervades herbology. Let’s cut through the nonsense – herbs contain phytochemicals which are plant-evolved substances designed to fend off many of the same kinds of pathogens

which infect humans. Such herbal phytochemicals are potentially more toxic to invasive pathogens than they are to human cells, so they have clinical utility.

Herbs are not nutrients per se – many of the molecules in herbs are not natural substances like amino acids, fatty acids, minerals. They are actually poisons, which thankfully, are more poisonous to bacteria, yeast and parasites than they are to us. You can have as severe a reaction to herbs as you can to medications, but in general, herbs are very safe because the concentration of the toxins which kill the pathogens is usually very low and unlikely to harm the host (you). And anthropologically speaking, humans have had a much longer period of potential genetic adaptation to these plant toxins than they have had to drugs, which are toxins that billions of years of life have never before encountered.

The herbal remedy I usually recommend for parasites:

**Wormwood Combination<sup>4</sup> - Take three capsules twice a day for 6-8 weeks.** This can also be purchased at NuPathways ([www.nupathways.com](http://www.nupathways.com)) at 800-614-7714.

## **Medication**

Many antibiotics exist for the treatment of parasites, but I have found these four medications to be useful in providing a broad spectrum of coverage of most parasites. Pregnant patients and children may need to have these medication dosages and the herbal treatments above altered and discussion with their physician should occur before treatment. Before these medications are started, one should already be taking the homeopathic remedies and the herbals listed above. Generally, the approach here is to weaken the parasites first, then use the medications to go for the kill. The greatest efficacy potential for other supportive therapies such as acupuncture, “zappers” and colon hydrotherapy is during the 15 days of this medication protocol when the parasites should be at their weakest.

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<sup>4</sup> Contains black leaf walnut, wormwood herb, quassia bark, clove bud, male fern root.

## Day 1 of Medication Treatment – Stromectol (Ivermectin)

**Day 1 – Stromectol (Ivermectin)** – (single dose one day treatment) - see dosage table below. Tablets of Ivermectin 3 mg are white, round, flat, bevel-edged tablets coded MSD on one side and 32 on the other side. **Stromectol (Ivermectin)** kills roundworms wherever they exist in the body (not just the GI tract). This is important as surviving worms may be encouraged to migrate around the body to escape attack once treatment for any parasite has started. The recommended dosage of Ivermectin is a single oral dose designed to provide approximately 200 mcg of Ivermectin per kg of body weight. See Table below for dosage guidelines. Patients should take tablets on an empty stomach with water. In general, additional doses are not necessary.

**Table: Dosage Guidelines for Ivermectin**

Body Weight (kg)	Single Oral Dose Number of 3-mg Tablets
15-24	1 tablet
25-35	2 tablets
36-50	3 tablets
51-65	4 tablets
66-79	5 tablets
≥ 80	200 mcg/kg

## Day 2 of Medication Treatment – Biltricide (praziquantel)

**Day 2 – Biltricide (praziquantel)** (one day treatment) 1 day treatment only, starting on day 2 of this antibiotic treatment regimen (after ivermectin). Biltricide is supplied as a 600 mg white to orange tinged, film-coated, oblong tablet with three scores. The tablet is

coded with “BAYER” on one side and “LG” on the reverse side. When broken, each of the four segments contains 150 mg of active ingredient so that the dosage can be easily adjusted to the patient’s bodyweight. The recommended dosage is 20 to 25 mg/kg bodyweight three times a day as a one day treatment, and these 3 doses should be taken at intervals of not less than 4 hours and not more than 6 hours apart from each other. The average dose for an adult is 2½ (two and a half) tablets (1500 mg.) three times daily, #8, 1 day treatment only, starting on day 2 of this antibiotic treatment. For a 60 kg. adult, which is approximately 132 pounds, this would translate into a 25 X 60 = 1500 mg. dose, taken three times a day.

**Biltricide (praziquantel)** kills liver flukes, the next large worm that could potentially migrate around the body and especially into the liver, should ineffective treatment occur with other anti-parasitic treatments (including homeopathics and herbal remedies), and this is why it is used on day 2 of this medication treatment. Ivermectin has some effect on flukes but Biltricide is much stronger. The tablets should be washed down unchewed with water during meals.

### **Day 3-5 of Medication Treatment – Albenza (albendazole)**

**Day 3-5 – Albenza (albendazole)** – 200 mg, 2 tablet two times daily, #12, 3 day treatment only, starting on day 3 of this antibiotic treatment regimen (after biltricide) and continued through day 5. **Albenza (albendazole)** kills tapeworms, hookworms, pinworms and whipworms, parasites which might escape the effects of Ivermectin or Biltricide. **Albenza (albendazole)** is poorly absorbed and unlike Ivermectin or Biltricide, **Albenza (albendazole)** does not treat parasites which have migrated to other parts of the body, which is why the Ivermectin and Biltricide are applied first. However any remaining roundworms in the GI tract which were missed by Ivermectin or Biltricide can be addressed by **Albenza (albendazole)**

**Albenza (albendazole)** comes as 200 mg. tablets and is usually dosed at 2 tablets (400 mg.) twice a day for 3 days. **Albenza (albendazole) must not be taken on the same day as other anti-parasitic medications such as Flagyl (metronidazole) or Alinia.**

### Days 6 - 15 (10 day treatment) of Medication Treatment - Alinia (nitazoxanide)

**Days 6 - 15 (10 day treatment) - Alinia (nitazoxanide) - 500 mg., 1 (one) tablet two times daily (or oral suspension), 10 day treatment, starting on day 6 of this medication treatment protocol (after albendazole), and continued through day 15.** Alinia tablets are round, yellow, film-coated tablets debossed with Alinia on one side and 500 on the other side. Alinia for Oral Suspension is a pink-colored powder formulation that, when reconstituted as directed, contains 100 mg nitazoxanide/5 mL. The reconstituted suspension has a pink color and strawberry flavor. See dosage schedule below.

Age	Dosage	Duration
1-3 years	5 mL of Alinia for Oral Suspension (100 mg nitazoxanide) every 12 hours with food	3 days
4-11 years	10 mL of Alinia for Oral Suspension (200 mg nitazoxanide) every 12 hours with food	
≥12 years	1 Alinia Tablet (500 mg nitazoxanide) every 12 hours with food or 25 mL of Alinia for Oral Suspension (500 mg nitazoxanide) every 12 hours with food	

Call NIHA at once and/or go to an emergency room if you have any of these potentially serious side effects:

- vision changes or problems with your vision
- serious urinary or bowel problems
- weakness, confusion, lack of coordination

- eye redness, swelling, or pain; or
- seizure (convulsions)

Other less serious side effects are more likely to occur, but these symptoms may also suggest that the treatment is working (“die-off or Herxheimer reaction). Some die-off symptoms (gas, loose stools, mild cramping) can be expected with any phase of treatment and usually indicates that it is working well. Contact NIHA if you have any questions.

- nausea, diarrhea
- Dizziness
- swelling of your hands, ankles, or feet
- swelling or tenderness of your lymph nodes
- itching or skin rash; or eye discomfort

As the world seems to have woken up to parasites and Alinia is also used to treat other, common, chronic infections like Lyme, some patients have been reporting that Alinia is hard to find. The demand may have outstripped supply. The older drug, Flagyl, which is weaker and may have a greater likelihood of causing side effects, is a suitable substitute however, and it is much less expensive. Contact NIHA if you have problems getting Alinia.

The four anti-parasitic antibiotics discussed above cover most of the parasites infesting humans in the western world, and like anti-yeast antibiotics, can be expected to be many times more powerful than anti-parasitic herbs or homeopathics. Stromectol (Ivermectin), Biltricide (one day treatments) and then Albenza (three day treatment) are also applied first because the larger parasites can harbor the smaller ones (protozoan types treated with Alinia). The use of Alinia (and other treatments like Flagyl) for the microscopic parasites could be ineffective if the “big brother” parasites are not removed first.

As noted above, homeopathic remedies are used first, then the herbal remedies are quickly added, then the medication is immediately added to both the homeopathics and the herbals. The homeopathic and herbal treatments should be continued for 2 or 3 weeks after the medication phase is completed. Since we want to hit these pathogens with all three types of treatment together as soon as possible, add the herbals and medication within a day or two after starting the homeopathics, unless there are severe reactions to any phase, which may require more time to adjust to each phase.

If you are prescribed medication for bacterial infections and/or yeast (fungal or candida) infections, the parasite treatment should generally be concurrent or occur first since parasites can also harbor yeast and bacteria, thus protecting these smaller organisms from being effectively treated. Follow-up stool examinations between a month to 6 months after completing the Parasite Protocol should ideally be performed to verify eradication of infection. Most patients do not elect to have follow-up stool testing since their symptoms are usually relieved and their new-found health speaks for itself. However, since we can not be sure that parasites are ever totally eliminated, even with the best, comprehensive treatments as described here, I generally recommend that the homeopathic and herbal treatment portion of the Parasite Protocol be done on a yearly basis to make it less likely that they will return. This homeopathic and herbal treatment can also be used - along with other recommended precautions and treatment - before, during and after travel to parts of the world where the likelihood of encountering parasites is more common.

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