

Healing

the symptoms known as

Autism

Second
Edition



PDF
E-Book

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Chapter 8

Step 3

The Kalcker Parasite Protocol

All of our fathers had a treatment for parasites as a part of their cultural practice. We have gotten away from this because of our reliance on modern practice. We would do quite well to relearn the ways of our ancestors in this area and keep ourselves in relatively good health always.

~ Chief Two Trees

The word “parasite” comes from the Greek word meaning, “one who eats off the table of another.” Parasites, to Ancient Greeks, were those who sat at another’s table, and paid for their meal with flattery.

As I mentioned earlier in the book, a very interesting thing started happening with the CD enemas. What we had previously believed to be mucous or biofilm coming out with the enemas, turned out in many cases to be worms (helminths) (aka parasites)—in rare cases they were still alive and wiggling in the toilet! We believed the most common were *Ascaris lumbricoides* (roundworm). However, what we are now seeing more and more appear to be rope parasites, a potential new species of helminth discovered by Dr. Gubarev, Dr. Alex Volinsky, and coworkers (submitted January 14, 2013). DNA testing is the only way to definitively say, but at \$25,000 USD for each analysis, with a minimum of 100 test cases, it is rather cost prohibitive at the moment.¹

In addition to *Ascaris* and rope parasites, parents have also seen hookworms, pinworms, tapeworms, and flukes, among others. This is an extremely important piece of the puzzle for so many of our children. We have been led to believe that in first world nations, parasites are not a problem. This is absolutely not the case.



A well washed parasite. You can almost feel the texture.



***Andreas Kalcker,
co-author of the
Kalcker Parasite Protocol***

***Miriam Carrasco Maceda,
co-author of the
Kalcker Parasite Protocol***



I was honored to have Dr. Andreas Kalcker and Miriam Carrasco Maceda share a chapter from their upcoming book, *Parasites: The Silent Enemy*. Andreas explains the importance of lifelong deworming, and shares with us a protocol that has helped many children and adults become healthier; and for some children on the spectrum was the last piece added that led them to recovery. The version included here has been tailored specifically for children and adults with ASDs. The original protocol can be found at:

**[www.andreaskalcker.com/
index.php/en/health/parasite](http://www.andreaskalcker.com/index.php/en/health/parasite)**

Very few details have been changed, but it is important to note that the Parasite Protocol here is what has been proven to help many of our children on the spectrum, including many of the recovered children.

Thank you Andreas and Miriam for your valuable contributions to this movement, selflessly sharing your findings, and for always taking the time to help.

HOW TO DETECT AND TREAT A PARASITIC INFECTION

Parasitic infections are more common than most people think, and may or may not result in serious health problems. We may be infected with multiple types of parasites, which vary in size and location, on or in the body.

Parasites can be classified as either microparasites, such as malaria that are only visible under the microscope, or large macroparasites such as round or flat intestinal worms (roundworms, tapeworms, etc.). These can be seen by the naked eye, and can reach great sizes. Internal parasites are found, not only in the intestines, as is generally thought, but anywhere in the body, including the lung, liver, muscle, stomach, gallbladder, brain, blood, skin, joints, and even in the eyes.

In recent history, the great migratory movements of the human population via rapid transportation and widespread trading have shortened the distances that previously had separated people and diseases. Formerly localized diseases have thus become universal ailments. Parasites previously confined to very specific geographical areas now appear in other locations, far away from their initial homelands. Unfortunately, conditions typical of the lower socioeconomic strata, (under which a large percentage of the global population lives) tend to favor the transmission of diseases and parasites.

A high percentage of the world population suffers from infections by parasites, which the WHO (World Health Organization) estimates are responsible for 15 million child deaths annually. In addition to the great cost represented by deaths, chronic and persistent infections have increased as parasites have developed multiple mechanisms of evasion and resistance to specific immunity. This allows them to circumvent and cancel the host immune response.

Persistent parasitic infection in human hosts leads to chronic immune reactions, which can result in tissue damage and altered immune regulation. Ninety percent of the world population is infected with one or more parasites, and up to five different types may coexist in the same host.

This situation becomes dangerous when the internal balance within the host is upset, the number of parasites skyrockets, and the host begins showing signs of serious illness that may even result in death. However, in some cases, parasitic worm infections do not result in disease, in fact, a number of carriers are found to be healthy.



A really good look into a parasite. You can see the actual intestines of the parasite. Also known as a helminth.



The same parasite (as above) from a different angle.

Considering that most people are not even aware of their infections, parasites have become silent killers, claiming the lives of many unsuspecting victims going about their lives oblivious to the danger. Some doctors in Western Europe and the U.S. seem unwilling to even contemplate that we may be infected.

Taking into account the recent increase in travel, immigration, and trade across continents, it is not hard to see how the problem has now become magnified to an alarming level. Parasites, especially the modern “toxified” versions, may well be causing many of the rare diseases now becoming more prevalent, as well as other recently identified or growing problems such as chronic fatigue, fibromyalgia, and arthritis.

The most common verminosis (infestation with or without obvious symptomatology of disease caused by parasitic worms) is intestinal. People who have them not only suffer from a large quantity of lost nutrients (absorbed by the parasites), but also from perforations made by worms in the digestive tract that can open the door to various infections and possible autoimmune deficiencies. Intestinal worm infections are very common and can affect everyone, not only people with poor hygiene habits. Helminths (worms) are transmitted by ingesting the eggs or larvae of parasites, which then hatch in the intestinal tract.

A parasitic infection or reinfection can be acquired through one or more of the following avenues:

- ▶ From more or less direct contact with an infected person (fecal or sexual).
- ▶ From self-infection, for example, through anal-hand-mouth contact. By scratching the anal area, eggs can become lodged under the fingernails.
- ▶ From congenital transmission (mother to fetus).
- ▶ From commonly contaminated objects.
- ▶ From soil contaminated by human or animal excrement.
- ▶ From eating contaminated raw or undercooked meat.
- ▶ From eating raw fish.

In some countries, raw fish is included in traditional foods. We can avoid the consumption of the larvae or worms by freezing the meat or fish for at least twelve hours, depending on temperature.



A great photo of a dead parasite, believed to be the *Ascaris lumbricoides*, or possibly a rope worm in the “seaweed” stage.



A very good look at how long some helminths are. The more worms the people pass, the healthier they get, and the improvements come faster and faster. This child passed a lot of parasites in the beginning. Then after a few months was no longer passing them and now has an ATEC score of 5. Meaning, he no longer has the diagnosis of autism.



This is the parasite that measured 32 inches.



Another long, well washed parasite for the collection. The road to recovery is paved with many dead parasites. Adios Autism...



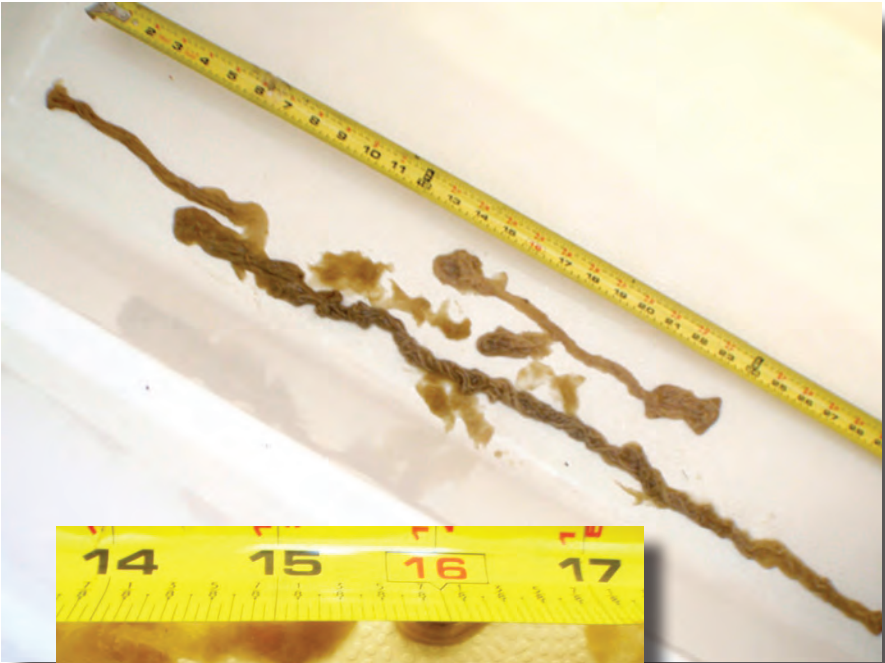
This is a 32-inch parasite that a young boy passed. He went on to have a great day after getting this out.



These are rope parasites as confirmed by Dr. Alex Volinsky.



60cm long worm (Oct 1, 2013) from child; 6 months on CD; 2 drops every 1-2hr; no parasite protocol; 1tblsp DE; 2-3 vials of Quinton.



This 33 inch parasite (aka “Chester”) was discovered by a woman using the protocol on herself.



The bubble visible in this photo leads us to believe this is a late stage rope worm.



After passing this parasite, the child went on to have a fabulous day at school. It is so great to feel good and healthy.

The FDA recommends freezing and storing [fish] at -4°F (-20°C) or below for seven days (total time), or freezing at -31°F (-35°C) or below until solid and storing at -31°F (-35°C) or below for 15 hours, or freezing at -31°F (-35°C) or below until solid and storing at -4°F (-20°C) or below for 24 hours is sufficient to kill parasites. FDA's Food Code recommends these freezing conditions to retailers who provide fish intended for raw consumption. Note: These conditions may not be suitable for freezing particularly large fish (e.g. thicker than six inches).²

- ▶ From drinking contaminated water.
- ▶ From consuming contaminated vegetables or fruits. Often we eat poorly washed (parasite infested) vegetables or fruits. There is a common misconception that vegetables from organic farming are free from any problems, pesticides, or chemicals. The danger is that the eggs or larvae of the worms reach the farm soil through animal waste, decomposed forms of natural compost, and manure (fertilizer) added to the field. There are eggs, such as *Ascaris lumbricoides*, which can survive in soil under extreme temperatures for five years. It is very important to perform a thorough cleaning of fruits and vegetables, and never eat anything raw and straight from the ground, however healthy it may seem.
- ▶ From parasite infested animals. Parasitic infections are very easy to spread by contact with pets. Veterinarians are quick to insist upon the quarterly deworming of our animals, but there are steps we must take on our own to avoid contamination.



Parasites come in all shapes and sizes. Of course, they can also come out in pieces.

Suggested: Deworm your pet at least every three months for life, as directed by your veterinarian. During the first month, it should be done every week. Prevent pets from eating raw viscera. If animals eat raw meat or raw bones the best option is to freeze the food in advance for at least 12 hours (See citation above). If the deworming treatment is working, the animal will expel the worms in the feces or vomit, which must then be burned or buried, during the eight-day treatment.

Avoid being licked in the mouth by animals as they are in direct contact with feces, soil, and their own anus. When petting an animal, wash your hands with soap and water before eating or handling food, as the eggs of the parasites remain in the animal's hair.

- ▶ Do not walk barefoot or with open toe shoes in soil or sand.
- ▶ Avoid Hippotherapy (horseback riding)

Symptoms of Parasitic Infections

The different types of worms and toxic waste produced by parasites in our body may cause the following common problems:



Parasites come in all sizes. Some are very long. These get washed with hot water for photos. This way we get the best look at them.

Blood Disorders & Blood Parasite Diseases

Parasites absorb essential nutrients from the body, such as iron, vitamin B₁₂, and sugars, which may result in certain blood disorders. In addition, some diseases are known to be caused by blood parasites:

Blood disorders:

- Anemia
- Dizziness
- Hypoglycemia
- Weakness

Blood parasite diseases:

- African Sleeping Sickness
- Babesiosis
- Chagas Disease
- Malaria

Fatigue:

The toxic waste produced by the parasites themselves (including ammonia and psychoactive substances), can stress the detox organs and cause disorders of the central nervous system such as:

- Chronic fatigue syndrome (CFS)
- Cold in the extremities
- Dizziness
- Extreme weakness
- Internal cold
- Lethargy
- Low energy
- Night waking
- Restless sleep

Gastrointestinal Symptoms

- Abdominal pain or tenderness
- Blood in stool
- Burning in the stomach
- Chronic constipation
- Chronic diarrhea or diarrhea caused by poor absorption of food
- Colitis
- Cramping
- Cravings for greasy foods and sugary foods, lots of carbs and bread, fruit, fruit juices, alcohol, or vinegar
- Digestive problems
- Distended belly
- Eating more than normal but still feeling hungry
- Excessive bowel movements
- Fever
- Frequent vomiting and nausea
- Gas and bloating (noted after eating)
- Hemorrhoids
- Irritable bowel syndrome (IBS)
- Intestinal irritation
- Intestinal obstruction
- Leaky gut
- Malabsorption syndrome
- Mucous in stool
- Pancreatitis
- Passing a worm in stool

Growth Problems, Weight, & Appetite

Parasites usually live without being detected by the host. They rob the body of many of the essential nutrients in the food consumed. Many overweight people, who are infected with parasites, go hungry for lack of essential nutrients, causing them to eat in excess due to their parasitic infection. Furthermore, depending on the type of infestation, many people are malnourished and cannot gain weight. The following is a list of some possible symptoms:

In children:

- Poor growth
- Poor physical and intellectual development consistent with their biological age

In children and adults:

- Chronic burping
- Craving white flour products; cookies, cakes, pastries, etc.
- Feeling hungry after a meal
- Inability to gain or lose weight
- Long-term obesity
- Loss of appetite
- Obsession and/or compulsion to eat sweets or very specific foods (wheat, sugar, dairy)
- Ravenous appetite
- Uncontrollable hunger to eat more than usual
- Weight gain (specifically around the time of the full moon)
- Weight loss

Mood Problems & Anxiety

Toxins that are released by parasites can irritate the central nervous system. Anxiety and nervousness are often caused by parasites that migrate throughout the body. Some of the problems caused are:

- Anger and irritability
- Anxiety
- Confused thinking (brain fog)
- Depression
- Disorientation
- Forgetfulness
- Lack of coordination
- Mood swings

- Nervousness
- Obsession
- Restlessness
- Slow reflexes

Muscle & Joint Pain

Parasites can travel almost anywhere in the body. When they migrate to the joints and the muscles they can cause cysts and inflammation. These can often be mistaken for arthritis and/or muscle pain.

Toxins from parasites can also accumulate in the joints and muscle tissue causing:

- Chest pains
- Fibromyalgia
- Joint pain
- Muscle cramps
- Muscle spasms
- Numbness of the hands or feet
- Pain in the back, thighs, or shoulders
- Pain in the navel
- Rapid heartbeat
- Restless leg syndrome
- Seizures

Parasites in Children (including children with ASDs)

Parasites can be found in the body in asymptomatic and symptomatic stages. The former are usually found in adults. Symptomatic stages occur mainly in children, in whom we can often observe the following:

- Anorexia
- Anxiety
- Bruxism (teeth grinding)
- Cramping
- Diarrhea that alternates with periods of constipation
- Excessive Flapping
- Growth retardation
- Headaches
- Inability to gain weight
- Itching/Burning/Picking of the anus
- Nasal itching and/or anal urticaria (hives/rash)
- Nervousness and irritability

- Nose Picking
- OCD (Obsessive Compulsive Disorder)
- Rage
- Smearing feces
- Unexplained laughter or weeping
- Verbal stims
- Weight loss

Tapeworms, and some other parasites, have an affinity for B₁₂ and iron. Therefore, lab results that show deficiencies in B₁₂ and/or iron can be indicators of parasitic infections.^{3,4} Due to its size, the tapeworm consumes enormous amounts of food that it obtains by taking the child's food. This can affect the child's normal development.

Treatment is simple, but it requires that the head of the tapeworm be removed, otherwise it will continue to grow. Tapeworm treatment is separate from this protocol and usually requires niclosamide. However, the only way to be sure the head has been removed is to identify it in the stool.

Respiratory Disease

The passage of larvae through the respiratory system or larval invasion in the lungs may cause symptoms such as:

- Acute bronchitis
- Asthma
- Drowsiness
- Dyspnea (shortness of breath; air hunger)
- Chronic/irritative cough
- Pneumonia
- Shortness of breath or respiratory failure

Sexual & Reproductive Disorders

Immune dysfunction as a result of a parasitic infection can lead to:

- Candida - yeast infections
- Cysts and fibroids
- Erectile dysfunction
- Fluid retention
- Male impotence
- Menstrual problems
- Premenstrual syndrome
- Prostate problems
- Urinary Tract Infections

Skin Disorders & Allergies

External parasites (lice, bedbugs, scabies, etc.) that penetrate the skin can cause itching, redness, and/or rashes etc. However, internal parasites can be responsible for skin disorders as well. Parasites create toxic metabolic waste, and because the skin is the largest organ, the body tries to eliminate them through it, resulting in many skin problems.

Some symptoms may include:

- Allergies (to foods, dust, mold, etc.)
- Anal itching
- Brittle hair
- Crawling sensation under the skin
- Dermatitis
- Dry hair
- Dry skin
- Eczema
- Eruptions
- Hair loss
- Itchy nose
- Itchy skin
- Jaundice
- Psoriasis
- Skin ulcers
- Sores
- Swelling
- Urticaria (hives; skin rash)

Sleep Disorders

The body reacts to parasites during rest periods because at night is when parasites are most active. Nocturnal awakenings are common, especially between 2 and 3am, when the liver tries to rid the body of toxins produced by parasites. This in turn may produce:

- Insomnia
- Teeth grinding
- Bedwetting
- Drooling while sleeping
- Sleep disturbances - multiple awakenings during the night
- Restless sleep

Other Problems Associated with Parasites

- Bad breath
- Blurred vision
- Body odor
- Breathing problems
- Chronic infections: viral or bacterial
- Circulatory problems, numbness in the extremities, difficulty in moving
- Cough or coughing up blood
- Difficulty swallowing
- Excessive salivation
- Fever
- Fluid build-up or retention during the time of the full moon.
- Low immune response
- Peritonitis
- Sensation of a foreign body or discomfort in the throat
- Swollen eyes
- Weight gain during the full moon.

Blood Analysis

The following markers may be present when a person is suffering from a parasitic infection or the resulting allergies:

- Anemia/low iron
- Elevated immunoglobulin (IgE)
- Elevated eosinophils (The eosinophil is a specialized cell of the immune system, more specifically it is a proinflammatory white blood cell. According to the Registry for Eosinophilic Gastrointestinal Disorders (REGID), their known functions include movement to inflamed areas, trapping substances, killing cells, antiparasitic, and bactericidal activity, participating in allergic reactions, and modulating inflammatory responses.)
- High ammonia
- High oxalates
- Low vitamin B₁₂

Measures in the Home Environment to Prevent Reinfection

It is important to treat all people and pets that live in the same environment to prevent someone from infecting others. Reinfection occurs via underwear, bedding, towels and household items such as children's toys or animals that have been in contact with eggs. It is important to wash all clothing that has contact with intimate body areas at a temperature not below 60°C (140°F).

All bed linen and underwear must be washed daily (or to the extent possible) while performing anti-parasitic therapy. Affected individuals should not share their swimwear with other members of the family, and should use a separate cloth to wash his anal area. It is best to sleep wearing both underwear and pants to avoid involuntary scratching during the night. This will prevent infection through anal-hand-mouth contact because by scratching the anal area, eggs can become lodged under the fingernails. Keep pets away from the place of rest of their owners, such as beds, sofas, blankets, and cushions.

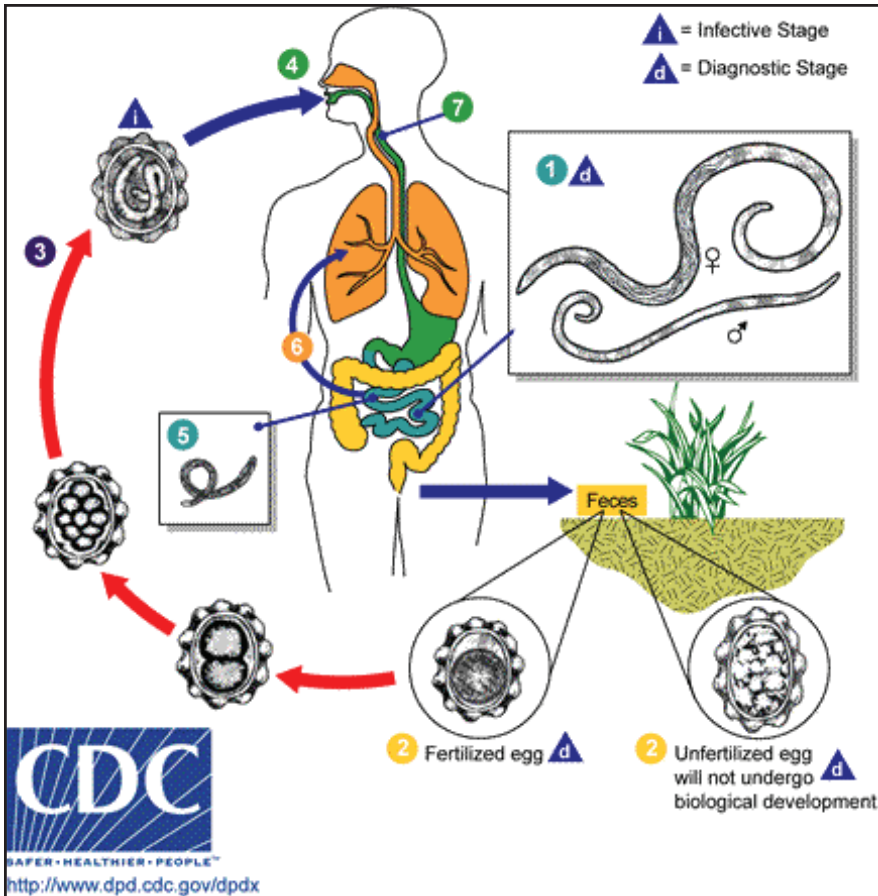
Thoroughly wash fruits and vegetables in water and soak them in CD or CDS solution for a few minutes. Clean the sink with alcohol, as the eggs of many parasites are immune to the pH of normal cleaning products such as soap or bleach. It is important to note that parasites do not leave any kind of immunity behind in the host, therefore, once cured, the person who has suffered can suffer from them again. The only surefire method of killing the eggs of *Ascaris lumbricoides* is in water above 60°C (140°F) or with 96% grain alcohol (Everclear).

Evolutionary Cycles of Intestinal Parasites

Although there are many more, here is a description of the three most common types of intestinal parasites that can be found in developed countries:

***Ascaris Lumbricoides* (Roundworm)**

Ascaris reproduce quickly, as a single female can lay up to 200,000 eggs each day. This parasite is very common, especially in damp conditions, and when hygiene measures are inadequate. It can affect the entire population, but mostly affects children, seriously disrupting their development and growth. It's so infectious that the WHO estimates that there are about 700,000,000 people infected worldwide, of which around 60,000 cases end in death per year, mainly children.⁵



Parasite eggs reach the duodenum through the mouth of the host. Gastric juices rid the eggs of their shells and release the larvae. These larvae, which are highly mobile, penetrate the duodenal mucosa and migrate to the liver. From there, they continue their migration to the heart, reaching the lungs through pulmonary circulation, and finally become trapped in the pulmonary capillaries. Here, the larvae break the thin walls of the capillaries and penetrate the alveoli, bronchioles, and bronchi at which point they are able to travel up through the pharynx. Once the eggs pass the epiglottis (see diagram above), the larvae are swallowed such that they return to the duodenum, where they complete their maturation process. This process takes approximately two to three months to complete; therefore we calculate that to find ourselves completely parasite free, the initial treatment should be done for at least 12-18 months, possibly longer. From there on out, you may only need to follow a routine deworming two to four times a year.

Keep in mind that eggs are expelled through the feces (human or animal) into the environment where they can survive even in harsh conditions, favoring the persistence of the parasite. They are resistant to low temperatures, desiccation, strong acids, soaps, chlorine, formaldehyde (pH between 2 and 11.5), and can live in planted soils for five or more years, creating a “parasite hotbed” that makes them almost indestructible. Once dry, they are transported through the air, fly in air currents like dust that can be inhaled and/or swallowed. We have recovered eggs from nasal mucus, paper currency, potting soil, dust, and in indoor airborne particles, etc.

***Taenia Saginata* and *Taenia Solium* (Tapeworm)**

Taenias reach humans when humans eat their eggs, by the consumption of tissue from infected cattle or pigs. In infected animals, the larvae are encysted in the muscle tissue. If the infected animal is consumed, development may proceed in the human digestive system. Humans are hosts for *T. saginata* (beef tapeworm) and *T. solium* (pork tapeworm). The tapeworm is considered to be solitary, because usually no more than four species are found in any one individual host. The danger of this parasite is that the larvae can migrate to the brain, or other vital organs (cysticercosis). Tapeworms may be detected by identifying segments in the host’s stool that the worms discard as they grow. However, tapeworms may go undetected for many years, living asymptotically within their host.

According to classification, they can vary in size ranging from 2 to 12 meters in length. They consist of a head called the scolex, which attaches to the intestine by means of suction cups, and a body consisting of repeating units called proglottids. A single *Taenia* can grow from 1,000 to 2,000 proglottids, depending on the type. A tapeworm produces an average of 720,000 eggs per day.

Pinworms (*Enterobius Vermicularis*)

Humans are considered the only host of what are commonly called pinworms (*Enterobius vermicularis*). This type of worm is the most typical in the family because it propagates easily. It is common for children to become reinfected in schools, through contact with others, or through anal-hand-mouth contact. Pinworms have an elongated shape, are whitish in color, and are about 1cm long. They inhabit the large intestine of humans. Female pinworms leave eggs around the anus. Once deposited, the eggs are infectious for a period of up to 20 days. Once in the intestine, it takes between five and eight weeks to

develop into adult worms. The most important symptom is intense itching that occurs in the anal area, especially at night. In women, inflammation of the vulvar area is very common.

A pinworm infection is, generally speaking, not very serious. Unlike other parasites, they infect only humans. Transmission from person-to-person happens by handling clothing, bed sheets, towels, and environmental surfaces (such as curtains, carpeting) contaminated with pinworm eggs, which are so light that they are able to become airborne. A small number of eggs can be integrated into air particles that when inhaled follow the same developmental process as ingested eggs. Enemas are extremely useful in removing this parasite from the large intestine.

Graham's method is a simple method of detection. Just after waking and before a bowel movement, press a piece of tape against the anal folds. The tape will catch the remains of eggs and/or parasites that are situated there. With the naked eye we can see small worms no more than an inch long, but with a microscope, many transparent eggs from females and even other species may be seen.

The Importance of Lifelong Deworming

Once we begin the process of deworming, we should recognize that we must maintain this habit of cleaning for the rest of our lives to enjoy good health. It is common among people who have pets, to follow the recommendations of their veterinarians, and deworm their pets every three months. It is interesting to ask why family physicians do not give the same advice to humans. Perhaps some physicians ignore this information, or simply do not consider it important to eliminate these pests, which are just as harmful to people as they are for animals.

It is true that many parasites are not endemic or common outside certain climates, but human migration and global marketing of food products have facilitated the spread of many parasitic pests silently. It is important that we understand the lifecycle of each parasite, from birth to death including reproductive and death stages. This information is crucial for the complete elimination of the parasite. For example, in the case of intestinal parasites treated here with this protocol, some can live in the host for up to ten years, as in the case of a single *Taenia*, while others may remain in the host for a lifetime, reproducing again and again, as in the case of the pinworms or the well-known *Ascaris*.

The Kalcker Parasite Protocol & Lunar Cycle Timing

In the modern civilization in which we live, we have lost touch with much of the ancient wisdom of the past. One of the things we have forgotten is how the natural cycle of the moon influences many of nature's routines. This is especially true for the behavior of parasites. They are known to sync their life-cycle with that of the lunar cycle. Your child may demonstrate extreme behaviors on certain lunar cycle days... especially on the full moon and sometimes even the new moon.

Therefore, to maximize effectiveness, this Parasite Protocol is specifically timed to the lunar cycle. Appendix 10, page 477 provides an easy reference for you to look up the days to perform the Parasite Protocol, which is administered over 19 days—numbered 0 to 18—each month; starting three days prior to the full moon and continue during the waning moon. This period of the moon's cycle is very effective for deworming because many nematodes (parasitic worms) travel back into the intestine to mate at this time.

Length of Treatment

This protocol is not a one-time treatment. You should plan for at least 12 to 18 months to insure you have purged multiple parasite life-cycles and continue beyond 12 months if your child is still expelling parasites.

Building on CD

This protocol builds on what you have already learned using CD. During treatment, it is absolutely necessary to continue CD dosing, CD baths and CD enemas.

Tape Worms

This protocol is specifically designed for the deworming of large intestinal parasites, especially round nematodes such as *Ascaris*. It is effective for most nematodes, but may not be effective against tapeworms. In the case of infestation by *Taenias*, the recommended treatment is Niclosamide, the preferred medication due to its low toxicity.

Components of the Kalcker Parasite Protocol

This protocol uses some of what you have already learned and should already be doing, along with a set of ingredients you will need to have on hand before you start (shown in bold below). Here is an overview list of the items you

will need to have on hand, and the items are described in detail on the pages that follow:

- Meal time (1, 2, 3)
- CD / CDS (4-19)
- CD Baths (20)
- CD Enemas (21, 22)
- Ocean Water (23, 24, 25) (see page 115)
- **Diatomaceous Earth** (26, 27)
- **Lepidium Latifolium Extract (Rompepiedras)** or **Chanca Piedra (Stone Breaker)** (28, 29)
- **Pyrantel Pamoate (Combantrin®)** (30, 31)
- **Mebendazole** (32-36)
- **Castor Oil** (37)
- **Neem** (39, 40)
- **Probiotic (usually THERALAC®)** (41)

Check the following website for the latest information on where to find these products:

www.ProtocolSuppliers.com

You may have noticed one or more numbers in parenthesis following each of the previous items, such as “(40)” for the probiotic. The timing of what to give when, is covered in great detail in the daily charts starting on page 198. These numbers match those found on the daily sample charts to make it easier for you to connect the dots and also be able to identify related notes under each chart. They have nothing to do with the quantity/dosing of any substance. The use of these numbers allows us to comment on specific items and when and where they come into play as shown on the daily sample charts.

We now detail each one of the items on the list above and discuss what you need to know about them and how to acquire them (including their associated numbers on the charts).

Meals (1, 2, 3)

Obviously meals are part of everyone’s day. The purpose in mentioning them here is that many of the following steps are related to meal timing. Some actions or ingredients are taken before breakfast, others during or after.

In our example charts, we make some assumptions which include:

- Breakfast (1) is at 7:30am
- Lunch (2) is at 12 noon
- Dinner (3) is at 5pm

CD, CDS or CDH (4-19)

As you learned in Chapter 5, you continue to dose CD (or CDS/CDH) as before during the Parasite Protocol. Nothing changes in that regard with the Parasite Protocol building on top of those steps already in place.

The sample charts assume your child is going to school, and so you may not be able to administer doses of CD during his school day (7-12) unless you are home-schooling, in which case you are encouraged to give hourly CD doses, even if the total exceeds 8 for the day.

CD Baths (Optional) (20)

Our sample charts assume you administer a CD bath just before bedtime. See pages 113 for more information about CD baths.

CD Enemas (21, 22)

Ideally, give your child a CD enema in the morning (21) and another one in the evening (22). However, if your child is going to school, a morning (21) enema may not be a good idea due to the possibility of an “accident.” Therefore, consider the morning enema optional, but the night time enema a must do! See page 103 for more information.

Ocean Water (23, 24, 25)

Supplementing ocean water minerals is important to support the body through the detoxification process. See page 115 for more information on ocean water.

Dosing:

(23) A dose of ocean water should be administered upon waking, but five minutes apart from CD dosing.

(24) One dose of ocean water immediately after school (or at lunch time if at home).

(25) One dose of ocean water, 15 minutes before or after dinner.

Diatomaceous Earth (DE) - Food Grade (26, 27)



Diatoms are unicellular plants that existed by the trillions in our oceans over 300 million years ago. They are encased by a cell wall that is made of silica. When diatoms die, this microscopic coating deposits at the bottom of oceans. Over time, they pile up in banks forming deposits thousands of meters in size. With the

receding of the oceans, these deposits have been uncovered. Through compression, and ultimately fossilization, these silica deposits have given rise to a chalk rock called diatomaceous earth.

DE is an inert, nontoxic compound, which contains a number of minerals such as manganese, magnesium, iron, titanium, calcium silicates, and others. Properly ground, the skeletons of microscopic diatoms become sharp silica needles, harmful to parasites, fungi, yeast, worms, and amoebas. However, these needles are harmless to humans and other warm-blooded animals. Although it is safe to consume diatomaceous earth continuously, the best method (as with everything else) is to allow for periods of rest. During the 18-day treatment, take two teaspoons (5ml) twice a day.

Dosing: $\frac{1}{2}$ to 1 teaspoon twice a day for smaller kids, 1 teaspoon three times a day for adults and bigger kids. Mix with a little water and drink. Given on days 1 through 18. DE mixes well with water but never dissolves. Stir the DE/water slurry vigorously and drink immediately before the DE settles to the bottom. Some people take heaping tablespoons in water, but larger amounts are not necessary. **DO NOT** take dry!

Note: In rare cases, DE can cause constipation, which can usually be managed by reducing the dosages to $\frac{1}{2}$, $\frac{1}{4}$ or even $\frac{1}{8}$ th of a teaspoon. If that doesn't resolve the issue, remove DE from the protocol and continue with all other directions.

Source & Cost: Search online for "Food Grade Diatomaceous Earth." Buy at least 1 pound and expect to pay about \$20 more or less. Better yet, buy a five pound bag, which will reduce your cost per pound. DE does not expire or degrade, but should be kept in a dry container. Note: Diatomaceous Earth

is often used as non-toxic element in pool filtration systems. You DO NOT want to use this kind of DE since it has been processed. Only get “Food Grade” Diatomaceous Earth!

Lepidium Latifolium Extract (aka Rompepiedras or Pepperwort) or Chanca Piedra (aka Stone Breaker) (28, 29)



Lepidium Latifolium (Rompepiedras) and Chanca Piedra (Stone Breaker) both break up hard substances in the body. The reason we use it in this protocol is two-fold: It breaks up the protective outer coating of parasites, and annihilates oxalates, which many of our kids have an abundance of because oxalates are produced by parasites.

Note #1: It is often simply referred to as “RP” in our discussion forums.

Note #2: If you are having trouble finding this particular ingredient, don’t let its absence stop you from starting the protocol with all other ingredients.

Dosing: 15 drops for a 100 pound child mixed in with the diatomaceous earth/water. Use seven drops for smaller children.

Source & Cost: You have a choice of two herb extracts; Lepidium Latifolium Extract (aka Rompepiedras or Pepperwort) and Chanca Piedra (aka Stone Breaker). One US source is www.mightyguts.com, which sells a 50ml dropper bottle of Pepperwort for about \$30. A primary manufacturer in Europe is Soria Natural from Spain that labels their product Rompepiedras, while they also have an English labeled box that says Pepperwort. They both show Lepidium Latifolium on the box.

Pyrantel Pamoate (30, 31) (Trilombrin/Combantrin®)

Pyrantel pamoate is a broad spectrum anthelmintic, which works by causing a neuromuscular block that produces spastic paralysis of the parasite, and its subsequent expulsion by intestinal peristaltic action, without excitation of the parasites or encouragement of their migration. Pyrantel pamoate acts over a short duration, and tends to be completely eliminated from the body in the feces and urine within three to four days. Pyrantel pamoate is poorly absorbed from the gastrointestinal tract, and approximately 6 to 8% total is found in the urine, with the remainder in the feces. The recommended dose is one daily dose of 10 mg per kilo.

Pyrantel pamoate is incompatible with the use of piperazine, because the two substances neutralize each other. Thus Pyrantel pamoate should not be combined with pumpkin seeds, which contain piperazine, or with antiparasitic drugs that contain piperazine in their formulation.

Dosing: Pyrantel pamoate is given only twice during one cycle of the parasite protocol; once during breakfast on day one (30), and again during breakfast on day five (31). Dose is based on weight and calculated by multiplying your child's weight in kilograms times 10mg of pyrantel pamoate. To make it easy, refer to the following chart:

Pyrantel Pamoate (Trilobrin/Combantrin®) Dosing by Weight		
Pounds	Kilograms	Dose in mg.
20	9	91
40	18	181
60	27	272
80	36	363
100	45	454
120	54	544
140	64	635
160	73	726
180	82	816
200	91	907
220	100	998
240	109	1089

Pyrantel pamoate (often just referred to as Combantrin®) is available in three forms:

- **Liquid:** where each milliliter contains a certain number of milligrams. For example, one available formulation contains 144mg/ml. So a 100lb child would take 3ml.
- **Tablets:** where each usually contains 250mg.
- **Capsules:** where each usually contains 250mg.

You will have to read the label or the particular product you acquire and determine the milligrams to use.

Source: Combantrin® is available by prescription in the US. Most other countries have it available over the counter.

The preferred source of pyrantel pamoate is a compounding pharmacy, as to avoid coloring and flavoring. If you are unable to find it without coloring/ flavoring then I would personally use mebendazole for the entire 18 days rather than risk giving your child an ingredient which may cause regression.

Note #1: Some brands of Combantrin® include mebendazole. You want the stand-alone Combantrin®!

Note: #2 Pumpkin seeds should not be consumed with pyrantel pamoate because they neutralize its effects.

Mebendazole (Vermox®/Lomper®) (32-36)

Mebendazole is a drug used in treating diseases caused by helminths (parasites of the gastrointestinal tract). This drug prevents the parasite from using glucose, which results in a decrease in energy and therefore death of the parasite.

Mebendazole is a non-systemic drug which means it is only absorbed, to a limited extent, in the gastrointestinal tract (approximately 5 to 10%). However, if it is consumed with fatty foods then more absorption occurs.

Approximately 2% of the administered mebendazole is excreted in the urine, while the remainder is excreted in the feces. The appropriate dose of mebendazole may be different for each patient as it depends on the type of parasite causing the infection.⁶ The most frequently recommended dose is 100mg for children, 200 mg for adults, two times a day for seven of the first nine days of the Protocol.

Adverse effects from mebendazole are generally rare due to its poor absorption. However, it may cause nausea, vomiting, abdominal pain, and diarrhea. Normally these effects are in fact a result of the release of toxins from the very death of

the parasite itself. Anti-parasitic drugs can be administered very effectively by diluting them in water, putting the mixture in a small bulb enema, and inserting the anally. This is especially suitable in the case of oxyuriasis (pinworms). Read more about this “implant method” on page 220.

Dosing:

Note: Indicated weights should only be considered a rough guide.

Small Children (20-40lbs.): Days 2, 3, 4, 6, 7, 8 & 9 — Take as little as 25mg of mebendazole with breakfast and dinner, and do NOT do a blitz on Day 9.

Children (41-70lbs.): Days 2, 3, 4, 6, 7, & 8 — 50mg with breakfast and dinner. On Day 9 they can take 50mg, 50mg and 25mg.

Adolescents (71-100lbs.): Days 2, 3, 4, 6, 7, & 8 — 100mg during breakfast and 100mg during dinner. Day 9 is “Mebendazole Blitz Day” where you administer ONE 200mg dose during breakfast; ONE 200mg dose at lunch; and a final 100mg dose at dinner.

Teens & Adults (101 lbs. and up): Days 2, 3, 4, 6, 7, & 8 — 200mg during breakfast and 200mg during dinner. Day 9 is “Mebendazole Blitz Day” where you administer ONE 500mg dose during breakfast and no dose at lunch or dinner for the remainder of the current cycle.

Source: Mebendazole is available by prescription in the US and over the counter in other countries.

Note #1: Some brands combine mebendazole with Combantrin®. You want the stand-alone mebendazole!

Note #2: Mebendazole is mostly sold in tablet form, but it is also available in liquid. DO NOT buy the liquid form—stick with the tablets! I have seen horrible reactions from the “inert” vehicles used in the liquid products.

Castor Oil (37)

Castor oil is extracted from the seed of a plant called *Ricinus communis*



(“Higuera del diablo”). Its seeds contain between 50-80% oil, which has a high content of ricinoleic acid, which has excellent laxative and purgative properties. Once you begin anti-parasitic treatments, spastic paralysis may occur in some parasites and many together may form a “knot” of

worms that can cause intestinal obstruction. It is important to help your body

purge them by using castor oil. Castor oil should be taken in the morning, two hours after breakfast and other medications. If your child goes to school they take it as soon as they walk in the door from school. A typical dose for a child is 1/2 tsp to 1 tsp, or up to tolerance. The adult dosage is 15 to 30ml (two tablespoons), two hours after breakfast and other medications. If you experience any intestinal distress, mineral purgatives such as Epsom salts, or vegetable purgatives such as senna leaves, can be used.

Castor oil is also available in gelcaps for those who dislike the taste.

Dosing: The amount to administer varies and really depends on the individual's tolerance. A good starting point is ½ teaspoon for smaller children and up to two tablespoons for larger children and adults. Only experimentation will determine the right amount, if castor oil causes diarrhea.

Source & Cost: Readily available in liquid form at most pharmacies in the laxative section. Usually under \$10 for 16oz. Also available online.

Neem (Azadirachta indica), Caps or Tea (38, 39)



The neem tree is a great natural inheritance of mankind. References in Sanskrit scriptures and ayurvedic medicine practices indicate the use of neem since ancient times in Hindu medicine. Even today, Hindus living in rural areas call the neem tree the “village pharmacy” for its ability to alleviate many diseases and is currently endorsed by authorities in India for its use in medicinal preparations. Neem is one of the purifying and detoxifying plants

with the greatest potential. Neem has been used to combat all forms of body parasites, external and internal parasites alike. To prepare neem, boil four leaves (normally the contents of an envelope) in one liter of water for five minutes. Drink the tea throughout the day over the course of each parasite protocol.

Dosing: Neem is given each parasite protocol from day 10 through Day 18.

You have a choice of caps or tea. I prefer caps over tea because the taste is strong and unpleasant, so some kids will buck drinking tea.

Caps (assuming 475mg each): An adult takes six in a day, three times two caps at meal times.

Follow the directions on the bottle. Give a full dose for teens and adults 100 lbs. and over. Small children receive $\frac{1}{4}$ to $\frac{1}{2}$ dose.

If using caps, give one dose during breakfast and one dose at dinner.

Tea: Give four doses throughout the day. Prepare a tea from the leaves, one tea bag in one liter of water (add stevia if needed to cover some of the bitter taste). One tea bag usually contains approximately four leaves. If using loose leaves, then make one liter of tea with four neem leaves. If using crushed leaves, then use approximately one slightly heaping teaspoon.

Neem Tea Dosing	
Weight of Person	Total Daily Amount (To be split into 4 doses)
20-34 lbs	100 ml
35-49 lbs	200 ml
50-64	300 ml
65-84	400 ml
85-109	500 ml
110 and over	600 ml

Step 3 - The Kalcker Parasite Protocol

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Source & Cost: Neem capsules cost about \$8 for 100x 475mg caps. Look in your local health food store. One popular brand in the US is Nature's Way®. BioPure™ sells a product called *Neem Synergy* which contains a few additional herbs that do not affect the neem.

Neem tea can be purchased in bags or as dried leaves.

THERALAC® (Probiotic) (40)



THERALAC® is a probiotic that should be given during the parasite protocol to help reestablish good gut flora. Ideally, it is rotated every other month with THERALAC® TruFlora®.

The key reason for recommending THERALAC® over other probiotics is explained in this paragraph excerpted from their website:



THERALAC® probiotics survive transit through the harsh acidity of the stomach and arrive alive in the intestinal tract. THERALAC's ACID PROOF™ technology utilizes sodium alginate from seaweed in a unique formulation that assures survival at pH 1.6 for 90 minutes, the most severe stomach acid conditions normally experienced. Other probiotics that claim acid resistance are tested at pH 2.5 – 3.0, or >10 times less acidic than pH 1.6 – not a fair test. THERALAC's ACID PROOF® technology is protected by US Patents 7,122,370 and 7,229,818. This technology goes beyond resisting stomach acid and involves keeping the probiotic cells together in a viscous alginate-gel moving in group-force, not as separate individual cells like other probiotics, deep into the intestinal tract while retaining key formula ingredients, LactoStim® and Sodium Alginate in close proximity.

Dosing: One capsule of THERALAC® is given each and every night at bedtime, irrelevant of age/weight. This probiotic is also to be given outside of the 19 Parasite Protocol days.

THERALAC® can be given at the same time as CD if your child swallows capsules. However, if you are using the THERALAC® powder form then give it at least five to ten minutes after the last CD dose of the night. See their website for more information about the powder form.

Special exception: Some people do not tolerate probiotics, in which case we have no choice but to leave them out. In some of these cases, sauerkraut and fermented veggies may help to cultivate beneficial bacteria.

Source & Cost: Amazon carries “THERALAC® 30 caps by Master Supplements Inc.” for \$37.

Sample Parasite Protocol Daily Calendar

To assist you in understanding the Parasite Protocol and how it changes from day to day, we have prepared the following visual set of daily charts showing how all the pieces fit together. To prepare this set of charts, we made up the following times for example purposes only:

- Your child's awake time is between 6am and 10pm.
- Breakfast is at 7:30am
- Your child goes to school, which starts at about 9am
- School is out at about 2:30pm
- Dinner is at 5pm

As stated earlier, each dose or activity is labeled with a unique number. Those numbers relate to notes below each chart AND they match longer descriptive notes in the previous pages.

You are encouraged to copy/enlarge the blank chart in Appendix 9 (page 475) and workout your real-life schedule based on these example charts.

Refer to the lunar calendar (Appendix 10, page 477) for the exact days the protocol should be followed, as well as to get an idea of behaviors related to parasites around the full and new moon.

After four years of biomed and no major gains, we decided to try mms/cd protocol. We started in April and are currently on our second parasite protocol. Initially, we were really intimidated by the enema part but realized if we were apprehensive our 7 yr old daughter would pick up on that. We told her that what we were about to do would help her feel better we gave her the iPad right before the procedure and a new fav toy (beanie boos) and she was game. After it was over she said "no more booboo in my tummy". We all cried. To make a three-month adventure short and sweet, her team at school cannot figure out how her fragmented speech has gone from 2-3 word utterances to long, drawn out sentences. Her expressive language and receptive have increased. Her auditory processing speed has quadrupled. The most amazing part thus far has been the increase in social skills. Or just the fact that she is interested in engaging. Socially she was nonexistent and is now at a four year old level. We just spent a week with family and she was saying hi and engaging without being prompted!!! She now has a million questions, wants to know when and where we are going and the sequence in which events will take place. All this from a girl who never asked questions before mms! STOP thinking about trying! just Do It!! For the first time in seven years, I can hear the bells of freedom ringing!!!! Thank you Kerri Rivera !!!!!

Day 0 (3 days before Full-Moon)

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / RP)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1											
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24							
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3											
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 0 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
40	Probiotic at the end of the day

Day 1 (2 days before Full-Moon)

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28	30					
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24					37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29						
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 1 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
30	Dose of Combantrin with breakfast
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
40	Probiotic at the end of the day

Day 2 (1 day before Full-Moon)

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / RP)	Pyrantel Pamoate (Combantnin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM		1				26	28		32			
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM		2										
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24							
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM		3				27	29		33			
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 2 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
40	Probiotic at the end of the day

Day 3 (Full-Moon)

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1					26	28		32			
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24				37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3					27	29		33			
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 3 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
40	Probiotic at the end of the day

Day 4

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1					26	28		32			
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24							
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3					27	29		33			
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 4 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
40	Probiotic at the end of the day

Day 5

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedejas / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28	31					
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24						37		
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29						
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 5 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
31	Dose of Combantrin with breakfast (NO Mebendazole today!)
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
40	Probiotic at the end of the day

Day 6

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepepigas / Rp)	Pyrantel Pamoate (Combartrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28		32				
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29		33				
5:30 PM												
6:00 PM		16	22									
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 6 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
40	Probiotic at the end of the day

Day 7

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepepigas / Rp)	Pyranter Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28		32				
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24					37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29		33				
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 7 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
40	Probiotic at the end of the day

Day 8

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepepigas / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28		32				
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
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1:00 PM		11										
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2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29		33				
5:30 PM												
6:00 PM		16	22									
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 8 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
32, 33	Small Child Dose: 100mg Mebendazole with breakfast and dinner. Teen/Adult Dose: 200mg Mebendazole with breakfast and dinner.
40	Probiotic at the end of the day

Day 9 (Mebendazole Blitz Day)

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28		34				
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM								35				
3:00 PM		13		24					37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29		36				
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 9 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
34	Blitz Day - Small Child Dose 1: 200mg Mebendazole with breakfast. Teen/Adult Dose: 500mg Mebendazole with breakfast ONLY!
35	Blitz Day - Dose 2: 200mg Mebendazole with lunch (or right after school) Teen/Adult Dose: N/A
36	Blitz Day - Dose 3: 100mg Mebendazole with dinner. Teen/Adult Dose: N/A
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
40	Probiotic at the end of the day

Day 10

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / RP)	Pyrantel Pamoate (Combantnin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM		1				26	28				38	
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM		2										
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24							
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM		3				27	29				39	
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 10 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Start dosing Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 11

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedrisas / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
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1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29				39		
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 11 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 12

Time	Meal Time	CD / CDS / CDH	CD / CDS / CDH Bath	CD / CDS / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / RP)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24					37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29				39		
5:30 PM												
6:00 PM		16	22									
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 12 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 13

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
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1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29				39		
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 13 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 14

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Romppechivas / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1					26	28				38	
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24							
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3					27	29				39	
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 14 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 15

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompiapichwas / Rp)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24					37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29			39			
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 15 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 16

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompinapichras / Rp)	Pyrantel Pamoate (Combanttrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
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1:00 PM		11										
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2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29				39		
5:30 PM												
6:00 PM		16	22									
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 16 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 17

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Romepeptides / RP)	Pyranter / Pramoxate (Combanttrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM												
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
12:30 PM												
1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13		24								
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29				39		
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17		25								
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 17 - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Day 18

Time	Meal Time	CD / CDs / CDH	CD / CDs / CDH Bath	CD / CDs / CDH Enema	Ocean Water	Diatomaceous Earth	Lepidium Latifolium Extract (Rompepedras / RP)	Pyrantel Pamoate (Combantrin)	Mebendazole	Castor Oil	Neem	Probiotic
6:00 AM		4		21	23							
6:30 AM												
7:00 AM		5										
7:30 AM	1				26	28				38		
8:00 AM		6										
8:30 AM									*			
9:00 AM		7										
9:30 AM												
10:00 AM		8										
10:30 AM												
11:00 AM		9										
11:30 AM												
12:00 PM	2											
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1:00 PM		11										
1:30 PM												
2:00 PM		12										
2:30 PM												
3:00 PM		13			24				37			
3:30 PM												
4:00 PM		14										
4:30 PM												
5:00 PM	3				27	29			39			
5:30 PM												
6:00 PM		16		22								
6:30 PM												
7:00 PM		17			25							
7:30 PM												
8:00 PM		18										
8:30 PM												
9:00 PM		19	20									
9:30 PM												40

Day 18 (Last Day!) - Notes:	
1, 2, 3	Breakfast, Lunch & Dinner
4 - 19	At least 8 CD doses throughout the day, preferably more, at least 30 to 60 minutes away from food.
20	CD Bath at the end of the day.
21, 22	Enema in the morning (optional) and in the evening (mandatory).
23 - 25	3 doses of ocean water at least 5 minutes away from CD.
26 - 29	Diatomaceous Earth and Lepidium Latifolium with breakfast and dinner.
* 37	Castor oil 1 hour after breakfast or immediately upon return from school.
38, 39	Neem Caps with breakfast and dinner. If using tea, 4 doses throughout the day.
40	Probiotic at the end of the day

Parasite Protocol *Off Days*

Days “19” through to the next “Day 0” are “Off Days” where you discontinue parasite meds and herbs. Here’s a simple chart showing what to continue doing and what to stop during this *off* time:

Continue with these:
CD / CDS / CDH Dosing
CD / CDS / CDH Baths
CD / CDS / CDH Enemas
Ocean Water
Probiotic

Stop these:
Diatomaceous Earth
Lepidium Latifolium
Pyrantel Pamoate (Combantrin®)
Mebendazol
Neem
Castor Oil

Of course this represents a hypothetical case and your situation may call for taking other meds or supplements.

Detection of Parasites in Stool

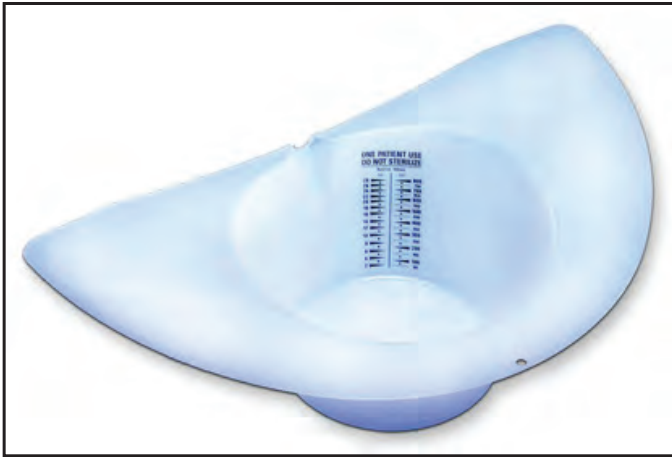
It is necessary to detect the parasites by observing the stool carefully. For that we use a small plastic basin, and a plastic stick or fork for examination.

Author’s Note: One of the moms who is a part of our forum came up with some guidelines for processing your child’s stool for parasite identification. She calls it, “Everything You Wanted to Know About Sorting Through Poop.” Here are her suggestions:

Supplies:

- rubber gloves
- paper plates
- plastic forks (plastic sticks, chop sticks, or plastic back scratcher)
- a pen
- a coin
- toilet hat

I like to use a plastic “toilet hat” also known as a specimen collector or a specimen collection unit, which goes under the toilet seat and collects the stool before it sinks into the bottom of the toilet (available on Amazon.com).

**The Collection:**

When your child poops, it is collected in the toilet hat (specimen collector). After I get my child cleaned up and taken care of, I remove the toilet hat from the toilet and put the specimen on a paper plate with my plastic fork. I have a look for anything interesting and then transfer that part to a clean plate using my trusty plastic fork. I discard the remainder of the specimen into the toilet, flush and put that dirty paper plate in the bathroom garbage. (We now line with kitchen garbage bags, and I change it after each of these poops.) On the clean plate with the suspected worm, I may add a bit of water and swish it around to get the worm cleaner. I then may transfer the worm to a third plastic plate to get a clear picture. On the clean plate with the washed worm, I write the date, and the initials of the person the worm came from. If you need help identifying the worm, place a penny next to the worm (for size context), snap a picture, and mail the image to kerri@cdautism.org, (Kerri collects the photos for documentation purposes, so send those worm pictures). Then flush the worm and put all paper plates, gloves, and fork in garbage and take it outside. Now, you can go find out what your child has gotten into while you were doing all this.

Clean Up:

Use HOT water (60°C/140°F), and sterilize with 96% (180 proof) grain alcohol (Everclear).

Microscope

It is very useful to have a microscope for diagnosis because it enables you to see both the small parasites that may appear in the blood, as well as eggs or larvae in the feces. This way we are more accurately able to determine if the number of parasites decreases. A simple microscope that costs about \$100 is suitable for this kind of identification. The easiest method to determine what you see is to compare your sample to images you find on Google. This way you can enlarge the images, see various samples from different angles, and get a much wider variety of samples than if you were comparing a sample with many textbooks.

Bulb Enemas (aka “Implant”)

To prevent anal itching from pinworms, night wakings, etc., you can use a bulb enema or small catheter/syringe with a dilution of 50mg of mebendazole in 10 to 15ml of water for small children, or 100mg of mebendazole in 15 to 20ml of water for larger children/teens/adults. The best way to do this is to introduce the medication together with the water in the rectum immediately before bedtime and hold overnight. If you are using the “implant,” a morning enema is mandatory.



So we did the 100mg of Mebendazole with 20ml of water. He kept it in and we did it right before bed... Next day a ton of worms came out!!! Better yet he started singing songs with a tune - 3 different songs over the last 2 days and counting on his fingers very purposefully! His aide at school said he did amazing today - no behaviors, very focused, better articulation and better social interest.

The Worm Whisperer

The following words of wisdom are from a mom who has earned the nickname *The Worm Whisperer* (although her ability to destroy parasites may make the *Worm Ninja* more apropos). Her dedication and diligence have not only made the difference in the life of her son, but countless other children who are what she calls “extreme cases.” The information presented here may be the difference between an older/aggressive child living with their family or going to a group home for the care that their family is no longer able to provide them. Thank you Robin, for being a pioneer and for never giving up. Thank you for having the guts, the know-how, and the generosity to share what you have learned with those who need it most.

Extreme Cases by Robin Goffe

This section is for older children who may be violent, self-injurious, destructive, physically aggressive, high risk and/or bedridden.

Some families have children who are older when they first start treatment. My son was 18 years old. We call ourselves the “last chance” group. We say this because our children have lived their whole lives infested, unbeknownst to us. Our children lived as happy, relatively easily manageable, learning-disabled children: perhaps slightly annoying with their routines of movie dialogue scripting or attachment to Disney movies, maps, or little known facts. They were mostly friendless but pretty easy to take care of. However, during the hormonal teen years, things took a grave turn. We may have chalked up their newfound solitude to just giving up socially for lack of friends. They did not fit in. We had no idea that something else was brewing. The hormones within them began to have a bitter war with the parasites living inside them, and a war would soon break out. Their mental state would diminish considerably. What we are faced with are grown, strong children who are mentally ill and violent, self-injurious, and destructive. Some have even become so ill that they had to stay in bed.

This “last chance” is an opportunity to try ONE MORE THING before putting them in a group home; to give them away—for their own safety and the safety of their families.

These things that I am going to share with you are unique to the standard treatment outlined in the book. It is a more aggressive treatment because it is needed. Our children are so highly infested that it is shocking to tell you what we have found. There is a lot to do, but there is a method. It is time



The Goffe family.

consuming and it is a lot of work. But here I will outline what we did to get our son from an aggressive, self-injurious, destructive young man to one who has regained patience, language, understanding, and reasoning; but best of all, the opportunity to remain in our home. With continued treatments, he has the hope for a future: a job perhaps, and maybe even a family of his own.

Beginning treatment for the older child and especially one who is aggressive, self-injurious, violent, and destructive is one done starting low and slow.

Day one = one drop.

I kept a very detailed journal, and I will simply tell you what we did. I will tell you what worked for us and what did not. I will also tell you what I shared with others that worked for them as well. I am not a physician. I am not a chemist. I am a mother in love with my son and his utmost comfort was my main concern. My only goal was to clear his parasites. I had no idea that the things I learned by digging through his stool for 9 months would eventually give me the nickname, "The Worm Whisperer." Although intestinal parasites have been around longer than man, and they are smart enough to live within a human being lifelong, they can go completely undetected. I was ready to plot out a war against them. By the beginning of our 9th month of treatment, I estimate that I had cleaned and examined 35 pounds (16 KG) of solid parasites. Hard to believe? I have 80% of them photographed. The last two months in

jars total seven pounds and a running total of the combined length will be at over 200 feet (61 meters), at the publishing of this book. There is not a classroom in the world that can teach what I learned in my bathroom day after day in latex gloves and a hospital mask. There was a fan blowing on me to manage the stench and by the third week my gag reflex was under control.

I examined the parasites, the pieces, how did it die? What was my son feeling at the time? Was he violent? Sweating? Slapping his legs from the pain of the parasites moving around and torturing him from the inside? I needed to eliminate these worms without allowing them to cause my son pain as they were killed. I had no idea the monsters I was to face.

In March of 2013, we started our son on one drop of chlorine dioxide. One of the most feared things that the parents of adult sized children face is the dreaded enema. It is just not something that most of us grew up with as standard care. But even so, my husband and I knew it was something that made sense. There are toxins inside these kids. They must be flushed out. The bowel is the way out. So on the very first day and the very first drop, we also explained to our severely autistic child that we were going to help his belly feel better. Our son, by this time, was so severe in regression that I can only best explain him as non-human. He was no longer speaking, unable to react to us, had stopped answering to his name, and could no longer contain the saliva in his mouth. He walked with a 12-inch drool hanging from his mouth. He ate like an animal, glaring at us. He was frequently violent: jumping on cars and denting them in, kicking down fences and destroying property.

This was the child that we were going to start giving enemas to. If we could do it, anyone can.

Each day we went up a drop; two drops on day two, three drops on day three, and so on. He was edgy and tired. We went for walks, as per usual, to deal with his aggression, but by day seven he began to have a runny nose and had a great deal of fatigue. We were so happy since we knew this was a sign to look for; that the immune system was kicking in. He slept for about 15 hours as we woke him and dosed him every hour and by the next morning there were about 25 white, hairy, thin looking objects in his stool. We knew these were worms and that we had our answer. After three weeks we began to see 4-6 inch parasites in all shapes and sizes, yet the aggression continued. It was here that I learned that what we were experiencing was POWS (Pissed Off Worm Syndrome). By this point we were at 13 drops, and while we were killing the smaller parasites, we were only pissing off the larger ones. The parasites do not like their environment disturbed, and subsequently they

cause distress to the host. Parasites excrete ammonia, (possibly, leading to hyperammonemia and possibly seizures), morphine, and a meth-like substance. As these toxins enter the body, they can also cause aggression and anger. We had many possessions broken during these tantrums. We stopped valuing material objects.

It was here that we were told about—double dosing. So even though our son was getting about the equivalent of two drops an hour, if we saw increased aggression, OCD or self-injurious behavior we would give him four (see page 103 for an explanation of double dosing). If he did not calm down, we gave him another four drop dose. This was the perfect return attack for the parasites. Within a few moments the aggression settled. His red face and wild eyes diminished, and we had made it past another hurdle.

We used the double dose method dozens and dozens of times over the following months, and this helped tremendously to curtail the aggression caused by the parasites.

By the third week of treatment, we were concerned about the time during the night that our son would not be getting doses. So for the next six months our family had a dosing schedule, dosing additionally at midnight, 2am, 4am and picking back up to hourly doses from 6am to 10pm. This schedule was shared by not only my husband and I, but also our son's siblings, who would also set their alarms and take their turns, while we all rotated lack of sleep.

By the second month we found that our son's behavior not only changed around the full moon but the new moon as well. The standard protocol uses mebendazole over the full moon. However, with the older, more aggressive children we have had success with including mebendazole over the new moon cycle as well. These mini mebendazole courses feature shorter bursts of 5-6 days each, over the new and full moons beginning four days before each. We also deemed it necessary to start earlier in the moon phase than with the younger kids, since the infestation was greater, and the parasite movement occurred earlier, causing behaviors sooner.

For the child that has aggression, every parent must remember that the behavior is parasite related. During treatment you will see a variety of behaviors stemming from the parasites attempting to control their environment aka—the host. We found that increasing the frequency of the dose dampened the violence and aggression. It can be difficult to trust your child who is lost in a rage. You feel deceived and hurt. Those were our frequent emotions as well. It does pass. It took about 4-5 months for the rages to stop. They happened

everywhere and were happening even on the toilet while trying to expel the parasites. Have a plan. Music worked very well for us. So did reading books. Find something to distract, and always give soothing, comforting tones. We frequently told our son how much we loved him and we rubbed his head and back. These herxing behaviors may be avoided through the use of a new method of preparing CD called CDH (see Chapter 7, page 155 for more info on CDH).

CDH: This new preparation method has really been a huge asset for the older kids that need to go higher in drops. At around 20 drops, the volume of the regular CD became unpleasant, making some children nauseous. My son was one of them. With the CDH preparation, I firmly believe that the older, tough-nut children will have more success with getting to the appropriate levels needed to start expelling the larger parasites. It is my personal belief that the amount needed in many of the non-seizure older kids with aggression, violence, self-injury, and destruction to be between 75-100ml of CDH daily. This amount may have a connection to the voltage needed in order for the mitochondria in the white blood cells to be given the power to not only kill the parasites, but to also destroy the bacteria. The job is two-fold, and must be done quickly as once the parasite is dead, the bacteria want to devour them immediately. I say these things because I have seen the condition of the parasites every day. I found that if I can kill the parasite with the least amount of disturbance or preparedness by the parasite, then there is no time for them to fight back and cause herxing. The bacteria also come into play and must be dealt with. Higher amounts of CDH kill both, without so much as a frown or a concern on the face of my son.

Stevia: I found that by adding the sweetener stevia to the CDH, the process can be more pleasant and does not affect the properties or effectiveness of the dose. As proven by Lamotte ClO₂ test strips (see page 467 for information on using the test strips).

Humidifier: In the beginning months, the infestation level is so high that nightly doses may have to be sacrificed in order to start breaking down the will of the parasites. It is not about seeing them every day, but slowly and consistently breaking their will. The constant aggressive irritation of the CDH will kill parasites, stopping them from making gains. There is another layer of nighttime treatments, and that is the humidifier. We fill a cool air humidifier that holds one gallon of water, and put 35 drops of activated CD (NOT CDH) and let it run all night near our son's head. This too was a method we used for maximum parasite elimination.

Spices and Herbs: It is urgent that we work constantly with our older kids to rid the body of parasites and pathogens. We have found that for kids that can easily swallow pills, filling empty gel capsules with the recommended herbs and spices in this chapter under Other Medicinal Plants (page 231) helpful. We have found great results by filling the gelcaps with the variety mentioned there: black walnut, ginger, rue, wormwood, and yarrow and giving two to four different ones with each meal as a toxic feast to the parasites. Don't narrow your selection to those mentioned here—get them all. There is no plan or pattern. Use any combination.

Colonics: Professional colonics have been an important addition to healing and cleansing parasites in our older kids. We started these a few months after our son was accustomed to the routine enemas. This has been a wonderful addition, and we try to do at least one weekly. Some places will allow you to do inserts, and we have taken our CDH there working up to 50-100ml CDH with great success.

Limiting Undesirable Behaviors

Probiotics: If you are using probiotics and your child is aggressive or becomes aggressive after restarting the probiotics, consider removing them as a first step. There could be such a high infestation rate that the child's system does not distinguish between good bacteria and bad bacteria.

Enemas: CD enemas should start on day one of treatment for the aggressive/older child. Since they have such a high rate of infestation, it is necessary to clear the pathogens on a continuing cycle from the very beginning. Please follow instructions for enemas starting on page 103.

Diatomaceous Earth (DE): In some children, the DE may shred the larger parasites to death, causing them to spew additional toxins into the child's body, which results in herx symptoms. Discontinuing DE for a few months may help to ease the distress, and give a cleaner kill.

Salt Baths: There are times that the body is unable to pull out the toxins fast enough. Be careful about killing too fast (dosing without or not enough enemas). If you have done enemas, and there still seems to be distress, you can buy a 40-pound bag of plain pool salt, take 9 pounds of salt and put it into a hot bath. Allow the salt to dissolve and have the child soak for one hour. If the child sweats during the bath, this is a good sign, as it shows toxins are being pulled out. Do not use Epsom salts. They contain magnesium. Magnesium feeds parasites as well as biofilm. Plain pool salt is cheap, and helps to remove toxins.

Dandelion Tea: This is an incredible detoxing source as well. There have been times that our son was in and out of a salt bath all day drinking dandelion tea to get the built-up toxins out. This is a tea ready made by Traditional Medicinals® (traditionalmedicinals.com).

Tips on What to Expect During the Parasite Elimination

Intestinal parasites have been on Earth longer than humans. Their plan is to find a host, and to continue to create life. They have the home advantage by living inside of your child. There are many things that I have learned while at war with them. They have a plan and so should you.

Situations We Have Come Across

Peetox: As you kill the parasites, they are alerted that you have taken away their joyful life. As a result, they do things to the host to show their displeasure. One of the things the parasites do is to spew toxins, including a morphine-like substance that can cause your child to not feel that he needs to urinate or that he is urinating. Naturally, this can lead to accidents. This is not the child's fault, but only a part of the parasite elimination process. One of the most difficult things we did was to put our 18-year-old son in adult diapers. It was heart breaking because it felt that we were moving backwards instead for forwards. However, this was only temporary, and for his own dignity. Especially if they go to school; perhaps being in diapers for a while is the answer. Our son was in and out of them for about two months. This does end.

Sleepytox: As you are going higher in drops, the CD is assisting the immune system to get the parasites out. It will take a lot of energy to do this. Remember, your child is the host and there is a war going on! Sometimes, your child may be tired for days. Our son slept for nearly the entire summer at the beginning of his treatment. Allow the rest they seek. Now our son gets higher doses of CD on the weekends, and he is very tired and sleeps then, too. By Monday morning, we can usually get a big fat rope worm after our efforts. Sleepytox is great because you can get a lot done on your home "to do" list.

Behaviors/OCD/Tics: Some may become alarmed because their child starts having behaviors that they did not have before treatments, or they feel that the behaviors have gotten worse. Parasites have a plan. It is to stay alive and to procreate. They want their eggs to return back into a host to repeat the cycle. So, you may see behaviors of playing with feces, touching their anus to their mouth, trying to put their fingers into your mouth or another person. There are finger and nail chewing, and spitting. These are all parasite controlled behaviors. We have found that eliminating parasites helps to minimize this behavior and it will eventually subside. There may also be

a mineral deficiency attached as well. We have found that giving PLENTY of ocean water can help to tame these behaviors. Our 19-year-old son gets over 200ml OW mixed with 400ml spring water per day.

POWS (Pissed-Off Worm Syndrome): POWS presents itself when you have been dosing, and your child seems weepy, is pacing, and/or unhappy. Sometimes it is really that you have pissed off the worms, but are not killing them. Always check with Kerri regarding your concerns. But many times the answer is to go up in drops not down. You need to kill them—not piss them off, or they will fight back.

Clear Zone: This time period can be about five to seven days before the full moon; once infestation is brought down after six months or more of treatment. You may be able to start seeing glimpses of your child being lucid. This is a good time for an ATEC test.

High Volume Eating: Often times, the kids reach a point where they realize that they have been starving. The parasites have been taking a bulk of their nutrients, causing their mental deficiencies. They may even be eating non-stop all day. It is tough to juggle the timing and effectiveness of the CD with the continued eating. Allowing the child to eat high volumes of food while dosing with CD will still kill the parasites, but the CD levels may not be high enough to avoid a herx. Though the parasites may be killed the CD level may not be high enough to also kill off the bacteria eating the dead parasite. One solution we found was to give our son homemade bone broth with ocean water many times a day. This will help to replace the lack of nutrients, meanwhile reducing the overeating enough to continue the CD without risking a herx reaction.

Weight Loss: Our son lost 50 pounds during the first seven months of treatment. He was very over weight at 5'9" and 200 pounds. The weight loss brought concern to people who had not seen him for long periods. During this time I estimate that 35 pounds was solid parasites. His stomach was very bloated, as was his face. Our children are full of parasites and pathogens (i.e., yeast, bacteria, etc.), and all of these things can make them gain weight or be bloated. Our son is now in the normal weight range for his height, and has a flat stomach.

Night Terrors: During the night you may see that your child has trouble settling down, or they may wake in the night screaming your name. They may even do night walking, possibly leaving out the front door in a sleepwalk state. We saw these behaviors years ago, as our son was heading into a higher infestation level. Now that we are on the healing end, many of the behaviors return as sort of a rewind. The behaviors that came into play going down the ladder are sometimes repeated heading back up the ladder to wellness. We feel that our son was experiencing separation anxiety, and the recognition that

he had total control again. This new gained independence may be frightening. At a point, our son entered the peetox stage (see above). He had no feeling or sensation to urinate, so he was put into adult diapers. As our son's infestation rate decreased, the normal behaviors like waking in the night and feeling the urge to urinate returned. Then, as he would get up to go to the bathroom, he would suddenly stop, and feel perhaps lost and afraid to continue this task alone. He would scream out or wander around whimpering. Although night wakings were disturbing, we found them to be a necessary passage for bringing our son to reality. In order to give comfort, at night we continued the CD humidifier, as well as CD ear and nose drops. Many times a CD bath before bed was calming as well.

Emotional Blindness: Because the toxins that the parasites excrete are substances that have the effects of morphine, ammonia, and histamine, these toxins can cause emotional confusion in your child. They may be confused by your laughter, smiles, and affection. Your positive and loving encounter may be perceived as threatening or challenging. Your smile may bring a rage. Any spoken words by you no matter how soothing they may be, could be perceived as a confrontation. This is difficult on both parent and child, as the child may see you as a threat and perhaps even as mocking them; while you as the parent feel rejected in your affections. Many times the child's behaviors evolve into a stoned-out loss of reality and presence. These are all related to the toxic build up and defense of the parasites. Their motivation is to remain in the host; they show their displeasure to the discomforts we have given them in our elimination attempts. Many times during these episodes, we have found it best to avoid words or eye contact, but rather to offer double doses as outlined by Kerri, and keep a calm environment. We have found that these toxic levels can be lowered through salt baths and dandelion tea.

Despite the behaviors that may be brought on by a parasite protocol, the results are amazing. In our family we are finally getting our son back. I would recommend staying the course. As we know, these kinds of parasitic infestations in immune-comprised children will not go away on their own. Children do not "grow out of" worms. In fact, the worms will continue to grow inside of them. The following parasites were expelled by my older son, by making the aggressive modifications aimed at older children. By removing these parasites we are seeing the first stages of recovery. The jars on the following page represent seven pounds of worms in less than two months.

Yours in healing,
Robin



**7 lbs. of 35 lbs. (total) of the parasites extracted in 9 months
(160 feet in total above).**



39+ inch long worm.

Other Medicinal Plants

Author's Note: The following information is extremely powerful for our continued health and well-being. However, these plants and foods ALONE have NOT been proven to heal autism. Rather, follow the 18-day deworming protocol presented starting on page 187. When this is done for 12-18 months it has proven to be an important part of the protocols that have led to the recovery of many children. With that in mind, some parents of older children, and aggressive/self-injurious children have started to implement a few of the plants and foods listed below, in addition to the aforementioned 18-day protocol. In many cases, these additions have led their children to increased gains through increased parasite elimination.

A number of other plants are also effective for deworming. If, after three months of treatment, the problem persists we can change the type of plant, or repeat any plant that was effective in previous months. We can use them in combinations, mixing several plants at once, or take them individually. Plant formulations that should be considered are alcoholic extracts, in oil or by infusion, and include the following plants:

- Clove (*Syzygium aromaticum*)
- Common Rue (*Ruta graveolens*)
- Dandelion (*Taraxacum officinale*)
- Gentian Root (*Gentiana lutea*)
- Mint (*Mentha sativa*)
- Mugwort/Common Wormwood (*Artemisia vulgaris*)
- Pomegranate Root Bark (*Punica granatum L.*)
- Southernwood (*Artemisia abrotanum*)
- Sweet Wormwood (*Artemisia annua*)
- Sweetflag/Calamus Root (*Acorus calamus*)
- Tansy (*Tanacetum vulgare*)
- Walnut shell (*Juglans*)
- White Fraxinella (*Dictamnus albus*)
- Yarrow (*Achillea millefolium*)

Preventative Food & Diet

There are groups of foods that should be avoided if you have a parasitic infection. For example, dairy products in general, refined sugars (sucrose, fructose, corn syrup), flour (especially refined), and overly sweet foods in general. The list of foods and plants below promote good internal balance of the body, hence becoming our allies. With good production of stomach acid, a normal level of healthy bacteria, and proper bile production, it is impossible for parasites to survive for long. Worms need an acidic environment that comes from the breakdown of sugars and putrefaction from the ingestion of unhealthy or processed foods. It is very important to eat raw vegetables and

fruit juices, which provide us with enzymes and other elements necessary to protect us.

Choucroute/sauerkraut (fermented cabbage in salt).

Many people have low levels of stomach acid, which is the cause of many intestinal problems, because the body is unable to defend itself against intruders. Sauerkraut juice or cabbage/sauerkraut is one of the most powerful stimulants for your body to produce stomach acid. The use of unpasteurized fermented foods (water kefir, soy sauce, miso, etc.) is highly recommended for its stimulation of the beneficial bacterial flora that is responsible for generating control over parasites. Take a few spoonfuls of cabbage juice before meals, or better yet sauerkraut juice, because it will do wonders to improve your digestion.

Author's note: I do not recommend soy, in any form, for anyone with an ASD.

Garlic

Garlic, eaten regularly, turns the stomach and intestine into a lethal environment for parasites, providing constant protection. Garlic is the quintessential home remedy to eliminate intestinal parasites naturally. It has been used by many different cultures such as Chinese, Greek, Roman, Indian, and Babylonian.

Garlic is still in use today by practitioners of modern medicine. It is used both fresh and as an oil. The simplest treatment is to eat three cloves of garlic every morning, or take a teaspoon of garlic oil. Alternatively, mix crushed garlic in a little cold water and drink the mixture immediately. Another recipe is to cut and crush four cloves of garlic, place them in milk, and allow the mixture to sit overnight. Take the liquid while fasting the next day.

Pumpkin Seed

Pumpkin seeds contain a substance called piperazine. It acts by paralyzing the parasites, which allows them to be removed easily.

We can find piperazine commercially in pharmacy drug formulations or naturally, as we said, in the seeds of the pumpkin. This traditional method of deworming has been used around the world since man can remember. There are several effective traditional formulas, below we describe one of them:

Use one cup of peeled and mashed pumpkin seeds (about 80 seeds). Mix them with coconut water and two tablespoons of honey. Take the mixture

over three hours on an empty stomach. Do not eat during this three-hour period. At the end of the three hours, take castor oil in order to quickly eliminate the parasites.

Papaya and Papaya Seeds

Papain is a digestive enzyme contained in papaya that is capable of breaking down the outer layer of adult parasites. The milky juice of unripe papaya is a powerful agent for destroying roundworms. The adult dose is one tablespoon of fresh green papaya juice, an equal amount of honey, and three or four tablespoons of hot water. Two hours later, administer a dose of castor oil mixed with warm milk. This treatment should be repeated for two days if necessary. For children seven to ten years of age, half of this dose should be administered. For children under three years of age, one teaspoon (5ml) of the mixture is sufficient.

Papaya seeds are also useful for this purpose as they are rich in papain and caricin. For every tablespoon of crushed, fresh seeds, add an equal amount of honey. Take the dose of one teaspoon (5ml) daily in the morning or at night on an empty stomach for ten days, rest five days and repeat the cycle three times. We recommend the use of a purgative.

Ginger

Ginger not only helps to combat intestinal parasites but also reduces nausea and can help calm nerves. For hundreds of years, fresh ginger has proven to be highly successful in destroying intestinal worms. The most common way to consume ginger is raw or by infusion. Ginger extract may also be sprinkled on a variety of foods.

Propolis

Propolis is a resin like substance gathered by bees from the bark and leaf buds of trees, to help disinfect, build and maintain their hives. Propolis has been used for at least 3,000 years. Its use dates back to the Egyptians and the Romans, and remains in use today. To the Greeks we owe the name pro, meaning “before” and polis, meaning “city.” This translates as “defenses before the city,” or “defender of the city.” Thanks to the antibiotic action of propolis, which protects against the activity of viruses and bacteria, the hive is one of the most sterile places known to nature.

Many scientific studies have proven the antiparasitic activity of propolis, therefore it is recommended for treatment of: *Giardia*, amoebas and roundworms, and also for intestinal infections caused by gram-positive bacteria.

Take propolis, diluted in water or fruit juice, for treatment of parasites, for seven days, on an empty stomach. Use Propolis standardized at 30% in either propolis tincture or capsules. Take three drops per kilo of weight, or three capsules one half-hour before each meal. A seven-day treatment cycle should include seven days on, followed by seven days off; repeat three to five times to ensure complete elimination of parasites or bacteria. Repetition of the treatment is essential to halt bacterial reproductive cycles. By repeating the treatment at least three times, the effective elimination of parasites is ensured. The benefits of propolis are that it has no side effects, is well tolerated, and is highly effective.

Pomegranate Bark

Pomegranate bark contains an alkaloid known as punicine, which is highly toxic to earthworms. It is used by decoction of the root bark, stem, or fruit. The root bark is preferable because it contains a greater quantity of the alkaloid than the bark of the trunk. This alkaloid is also highly toxic to tapeworms. A cold decoction of root bark, preferably fresh, should be given in quantities of 90ml to 180ml three times per day (for adults), with one-hour intervals between cups. A purgative should be taken after the last glass. For children, a dose of 20ml to 60ml is appropriate. A decoction is preferably used to eliminate solitaires (tapeworm, *Taenia Solium*).

Carrots

Carrots are another effective home remedy for eliminating intestinal parasites in children. The chemical constituents of carrots attack pests by preventing their development. It is one of the most effective natural treatments for children, when given a small cup of grated carrots each morning until the problem desists.

Condiments

Seasoning plants are also powerful weapons to keep in mind in our everyday cooking. Since time immemorial, mankind has used them to control parasitic diseases. The following are most interesting because of their effects:

- Cayenne
- Cinnamon
- Cloves
- Paprika
- Pepper
- Tarragon
- Thyme
- Turmeric

Thank you Andreas and Miriam for sharing what I know will be very enlightening, not only to the families of children with autism, but to people all over the world suffering from mysterious symptoms consistent with parasitic infections. I want to share one interesting tidbit about parasite infections before we get into the FAQs on parasites and the parasite protocol.

“We have a tremendous parasite problem right here in the U.S. It is just not being addressed.”⁵ - Dr. Peter Wina, Chief of Patho-Biology in the Walter Reed Army Institute of Research in 1991. (The problem existed in 1991, and with modern globalization parasites are more prevalent than ever, yet they still not being addressed.

Parasite Protocol FAQs

I showed my family practitioner pictures of the worms we have found. He thinks they are not a parasite, but just mucous. How can I be certain?

It can be difficult to identify parasites, and most general practitioners are not trained to do so. Some parents have success with a local vet, who analyzes samples in their office. As a crude test, you can pour boiling hot water onto your specimen. If it falls apart, it is probably biofilm or mucous. If it withstands the wash, it is probably a parasite. Unfortunately, most stool analyses are notorious for false negatives. If you put hot water on parasites, they do not dissolve. Mucous dissolves in any water—hot or cold.

Is it ok to do the Kalcker Parasite Protocol during pregnancy?

No. Don't do any kind of detox or parasite protocol while you are pregnant or nursing. Any detox will release toxins into the blood stream that could potentially negatively impact the developing fetus or nursing baby. If you are planning on getting pregnant, it would be advisable to do whatever detox or deworming procedure before pregnancy.

When is it appropriate to stop the parasite protocol? In other words, does every child on this protocol need both the CD and the other parts of the Parasite Protocol or are there some that only need CD? This is a critical question since these are two protocols joined together and not every child may need both. We have done the Parasite Protocol and have never passed parasites so I am uncertain about my child.

Usually the Parasite Protocol is repeated for 12-18 months, sometimes less. The most important thing is to make sure that there are no fertilized eggs left that could hatch at a later date. As it is very difficult to know if there are remaining eggs, it is important to complete the 12-18 month

treatment. The Parasite Protocol is a complete protocol heavily researched to achieve the best results. The Parasite Protocol in conjunction with CD has been shown to be one of the most effective methods to heal regressive autism. Parasites are cyclical and need to be treated as such. You continue with the parasite protocol until no more parasites are seen—be that in behavior or actually in the stool.

What does the process of worms toxifying the brain look like?

Ascaris lumbricoides (roundworm), for example, produces at least five different toxins: Malondialdehyde, ammonia, histamine, formaldehyde, and morphine. Malondialdehyde is responsible for oxidative stress, and is mutagenic.⁷ Ammonia, which can lead to hyperammonemia, can be responsible for seizures, tremors, flapping, poor coordination, growth retardation, combativeness, lethargy, and other symptoms. Comparing hyperammonemia with the symptoms known as regressive autism yields overwhelming similarities. Formaldehyde has been shown in some laboratory studies to affect the lymphatic and hematopoietic systems. Morphine inhibits nerve reactions and slows intestinal peristalsis. It also keeps the immune system from finding parasites, and from doing anything about them. This is a reason we often can't identify parasites. We only find parasites when the infection is acute, not chronic. This is because IgE or IgM reactions are altered by morphine. Histamine can lead to chronic inflammation in the body.

As a family, we expect to be doing the CD and parasite protocols for some time. How do we know when to stop? Should we wait until we have a few months of no symptoms?

We do it until full recovery is reached.

We have been doing full oral dose CD and the Parasite Protocol. We are seeing some amazing changes, but we don't see worms. Are we doing something wrong?

CD affects parasites of different sizes. You may be clearing parasites that would be undetectable to the naked eye, or nematodes that are very small and therefore hard to detect in the stool.

Why is my child so deficient in vitamins?

As a general rule, most children with autism are deficient in vitamins. In the first place many pathogens feed off of vitamins intended for the host, and helminthes especially love B12 and iron. Since many of us, especially those of us living in cold climates, do not receive enough sun, we are deficient in vitamin D. Calcium is used by the body as an antagonist for acid inflammation; all acidity in the body is compensated by calcium, and therefore it is usually low with the kids on the spectrum. As our children heal, these deficiencies fade and homeostasis returns.

I just gave mebendazole, Not pyrantel this AM. What should I do?

Don't stress. Tomorrow is a new day, and you can begin again. Give mebendazole tomorrow as that is tomorrow's scheduled dose.

Aren't there some parasites that are good for us and help our immunity and gut healing?

A parasite is defined as a living being that is dependent on a host for survival, to the detriment of that host.

For those of you that continue the parasite protocol thru the new moon, how many days do you stay on it? We are now 3 days past the new moon.

Some people treat month long. The Kalcker protocol itself is 18 days long. Each family has to find a protocol that suits them. Some folks use mebendazole 3 days before the new moon, the day of, and three days after. Other families use herbal remedies on the off days. If you consult with a healthcare provider, this would be a question to ask them. Each child is unique and has different needs when it comes to treating parasites.

Why are live worms not digested? Poisons?

Live helminths are protected by a glucosoid mucous with positively charged ions, making them resistant to stomach acid, or digestive fluids. When they die, the mucous separates from the helminth, leaving them open to digestive enzymes. We often see the mucous, as well as semi-digested helminths, in the stool of people using the protocol.

Does everyone in the family need to do the parasite protocol at the same time? With or without CD, enemas, diatomaceous earth, Rompepedras/stone breakers, and castor oil? My (neurotypical) daughter will take the anti-parasitic drugs, mebendazole, and pyrantel pamoate, but not these other parasite protocol ingredients, which is why I ask.

Your entire family needs to do the protocol at the same time, or you risk reinfection. Neurotypical family members should do as much of the protocol as possible. If someone will only take the meds, so be it. However, I feel the more the better.

Do I need to separate the neem from CD?

Yes, I give neem with food, and would separate from CD by at least an hour.

If I don't see any worms, does that mean my child doesn't have parasites, or are we just missing the eggs?

Just because you don't see parasites doesn't necessarily mean you don't have any. For example, *Toxocara canis* or *Toxocara cati*, which are very common in our pets (and can infect humans as *Toxocariasis*), are not expelled in fecal matter. Some families on the protocol did not see actual worms until month seven.

To what extent do the rest of us need to do the CD protocol? Is it the same as our ASD children? And, is it necessary to do the whole nine yards with the full Parasite Protocol for the whole 12 months? Are there any shortcuts for healthier individuals?

All of the family members, including pets, need to be on anti-parasite treatment for a year and thereafter lifetime maintenance is best. As mentioned before, with neurotypical family members, you do as much as you can, but the anti-parasitic medications are crucial to preventing reinfection.

Is diatomaceous earth a binder and therefore must it be given apart from food, medication, and supplements?

No. It is not a binder. It is fine to give with or without food, and does not affect medication or supplements.

Do you have to do the Protocol forever if you are fully recovered or is there a maintenance plan?

When the child gets to where you want him, you can start to pull things. Then, we do maintenance dosing of CD; one dose on Monday and one on Thursday. We do the Parasite Protocol for a week every three months since we live in a world of parasites. It is good preventative medicine for all. Ocean water is also good for all of us. See Chapter 13 (page 319) for the complete maintenance plan.

Does CD kill parasites?

Yes. CD kills amoebas, *Giardia lamblia*, and other smaller parasites. CD does not kill the larger macroparasites due to their higher oxidative stress resistance.

When is it ok to start the parasite protocol prior to reaching full dose of CD?

Healing autism is a marathon not a sprint. The point is to heal with the least amount of aggravation. Therefore, you should be at a full dose of CD before starting, and have added in enemas and baths. If you are seeing Herxheimer reactions then don't start yet. Obviously, everyone must make his or her own decisions.

Where in the gut do helminths live? Do CD enemas (300 ml) reach them?

It depends on the type of helminth. There are more than 300 different helminths so they could be in many different places. However, most live in the small intestine. Some lay their eggs in the rectum. The size of the person will dictate how high an enema will reach.

Do you tell your kids that they have worms? Do you show them? Are they scared? My son is very interested about everything in the world and asks 4,000 questions a day. What do I tell him?

How to handle this situation is unique to each and every family. There is no right or wrong answer here. The following are some suggestions we have received from families on the protocol:

Nope. My husband was just telling me a story from when he was a kid about another kid who got teased all the time about having worms. He still remembers it. So, no I will not tell my kids.

My kids (ages 10 & 7) know about worms because we have talked about their Lyme disease and other symptoms for a long time. I think it helps them understand why they feel grumpy or sick and why the enemas help. But, I think every child is different. The risk is that they might tell their friends. I tell them that it is private information and that pretty much everyone has worms but some people have more and get sick from them. And, I told them that even most doctors don't know this but slowly people are learning and getting smarter about this and a good diet, etc... My boys like to see the big ones, and try for new records. They like to show their brother the records. I think that's a boy thing.

I have a 10 year-old, and I tell him that we have parasites. I have not showed him anything, I ask him to leave the room before I start to sort the poo. ;)

My son had another bowel movement FULL of worms, pinworms—and I mean hundreds. This is only our second day on CD (1/2 drop in 8 fl. oz.) so a bit thrown to the deep end. Has anyone else had a start like this? How did everything go from there on?

I have seen it a handful of times. I get VERY excited about this. Everyone has autism a bit differently. But, if we see worms early, in many cases the recovery begins early too. That may be the case for your child.

I understand that even organic produce needs to be washed properly. What is the best way to wash my fruits and vegetables?

The Ascaris eggs are resistant to UV, and can withstand a pH from 2 to 11.5. Eggs are killed by heating to approximately 60°C (140°F). Spray your fruits and veggies with CD spray. 10 drops per 1 fl. oz., of water, no need to rinse off.

Anyone notice a huge growth spurt after starting the parasite protocol?

Many parents have reported their children resumed growth as well as weight gain. No real surprise considering they are getting back what the parasites were taking from them.

Do we need to treat our pets if they are taking heartworm medication?

Yes, heartworm medication does not address intestinal parasites, which can infect us and our children. We need to deparasitize our pets, as well as ourselves.

We put “cascara sagrada” in place of castor oil because for my son and me, it is difficult to take the oil. Is it ok?

Cascara sagrada is not the same thing as castor oil and is not part of the protocol. An alternative solution to liquid castor oil is to buy castor oil in softgels. You will need many but it does solve the taste problem.

My son is very high in *Trichinella spiralis*, which is a roundworm from undercooked meat or pork. It’s supposed to be rare in the US, so I’m wondering how my child would have picked this up. Any ideas? No undercooked meat here for the kids, and we don’t eat pork.

At this moment we have not seen a relationship between *Trichinella spiralis* and autism. It may be a multi-parasitic infection, or a misdiagnosis. Apart from the standard protocol, your child might need something else. I would consult the practitioner for the appropriate dosage, and only if your child has a definite *Trichinella spiralis* diagnosis.

How do we know if there are parasites in the brain, and what can we do about it?

Parasites in the brain are very rare. (According to the CDC, *Cysticercosis* is a parasitic tissue infection caused by larval cysts of the pork tapeworm. These larval cysts infect brain, muscle, or other tissue, and are a major cause of adult onset seizures in most low-income countries. An individual acquires cysticercosis from ingesting eggs excreted by a person who has an intestinal tapeworm.)⁶ Larvae can be seen on a scan. Many people assume that the problem causing behavioral issues, or mental issues, must be located in the brain. However, the problem likely exists elsewhere. If the blood contains toxins, this will affect the brain. For example, if you ingest too much alcohol, your brain, nervous system, etc. will be affected, but the problem is not in the brain itself. We can think the same way about parasites. The chemicals that they produce will have effects on the brain, however, rarely will the parasites be located there.

Do parasites cause autism? If so, why doesn’t every child with parasites have autism?

Regressive autism has been called parasitological vaccinosis by Dr. Andreas Kalcker. This is a cross reaction between a child with parasites that receives certain vaccines. Further research is needed for a definitive answer.

Why don't normal lab tests find parasites?

Generally speaking, lab tests need to find living creatures or eggs. The eggs are only present certain days of the month, and even on those days they won't necessarily be present in a particular stool sample. Living worms are extremely rare in stool because they are generally passed only once they die. They are very good at avoiding being excreted in stool. Furthermore, if they die internally, they can be partially or fully digested within our bodies before being expelled.

Are some labs better than others? Is it worth taking a stool sample to a vet if they send it out, or only if they look under a microscope?

We haven't found a lab that consistently finds parasites. Metametrix™ has identified parasites, but in our experience and the experience of the families I have helped, we have not found a lab that is consistent. It is only worth sending a sample to a vet if they are identifying parasites with a microscope.

Combantrin® is available in tablet and liquid form. Which is better?

I hate the liquid and never use it. It may have added colors and flavors. If you absolutely can't find it without additives, I would use only mebendazole instead of using pyrantel with additives.

Why are there no systemic drugs in the protocol?

They are not needed with this Protocol. Treating parasites without systemic drugs is much safer and easier on the body. The suggested treatments using mebendazole and pyrantel pamoate are nearly unabsorbed by the body, meaning that we do not add more toxins to an already overloaded body.

When does a child need systemic drugs?

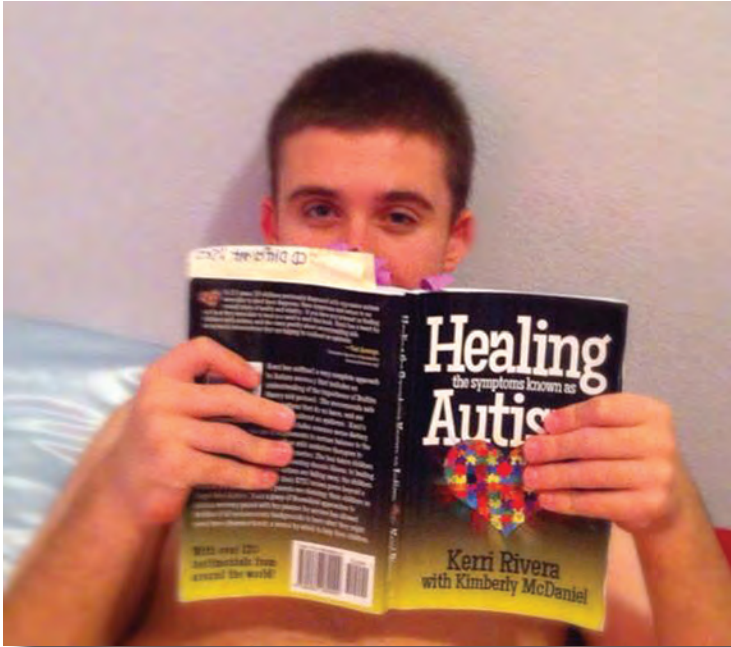
This is necessary only for certain parasites like cysticercosis, which is caused by tapeworms, hookworms, *Trichinella spiralis* (from pork), or other hard to kill helminths. These may be identified by a blood test. The practitioner may prescribe systemics depending on the situation.

Should I start on the new moon if my child's behavior declines then?

The full 18-day Kalcker Parasite Protocol always starts before the full moon. However, some parents have found that by treating parasites for 3 days over new moon that they are able to get through the new moon as well as the full moon with limited issues if any.

Is there a time in the moon calendar, where it is normal that there are no worms in the stool? (We don't have any at new moon.)

Further research is necessary to determine this definitively.



Hero Guy taking a peek at *The Protocol*.

Chapter 9

Step 4 - Other Supplements

“One of the first duties of the physician is to educate the masses not to take medicine.”

~ William Osler

Most of the families that followed this Protocol, and recovered their children, used a combination of these additional supplements along with CD. Each supplement combination is completely unique, depending on the symptoms of the child, and how the child reacts to each intervention. If after *The Diet*, full *CD Protocol*, and three *Kalcker Parasite Protocols* we are still dealing with an autism diagnosis, then families start adding in supplements. This section is about “unfinished business.” I like to do three *Kalcker Parasite Protocols* before adding back in supplements because parasites love supplements, especially vitamin B₁₂ and iron.

I feel when we supplement deficiencies in children with underlying parasitic infections, it can result in resistant parasites. We aren't making the child healthier; we're making the parasites healthier and stronger. If significant supplementation does little or nothing to change lab values in subsequent blood, urine, and stool tests, then it's fair to say that we have a flaw in our approach. Pathogens and parasites can cause vitamin/mineral deficiencies. By killing them, instead of feeding them with additional supplementation, we are focusing on the root cause of the symptoms that we call autism.

When I came back from our first *Defeat Autism Now!* doctor visit, I had thousands of dollars in supplements that I did not know how to use. We kept going to different doctors hoping to find the one that had the answer. At one point, Patrick was on a protocol, given to me and supervised by a doctor, which called for 70+ different supplements a day. He looked worse during the entire nine-month period that we followed that protocol. In hindsight, all those years of supplementation made it harder to eliminate Patrick's pathogens.

That is why this protocol focuses on the excesses instead of the deficiencies for children with an autism diagnosis. If by eliminating the excesses of viruses, bacteria, candida, parasites and heavy metals, we can see a reduction in the symptoms known as autism, then eventually we can reach full healing.

Commonly, when a new family contacts me, they send me a list of all the supplements their child is taking. I frequently see lists of 30+ supplements that may be combined in ways that negate their effects. For example, probiotics are given in the morning with breakfast, or GABA with food. Both are incorrect, probiotics go alone at night right before bed, and GABA is always taken without food. If there is a legitimate reason for a certain supplement, then it absolutely must be given correctly or it's just excess noise in the body, and more stress on the detox organs.

The following list of supplements can be considered after *The Diet*, ocean water, CD, and three months of the *Kalcker Parasite Protocol* (except probiotics and enzymes which may start day one). This chapter is to be used as a starting point for your own research on these supplements. This list contains references and the websites used in this research with some of the more pertinent information about products.

Probiotics

The vast majority of the families who have recovered their children with this Protocol have used THERALAC® brand probiotic. It is a prebiotic plus probiotic in a capsule that can withstand stomach acid, which allows it to pass to the small intestine, where the beneficial bacteria are needed. THERALAC® contains three *lactobacillus* and two *bifidobacterium* strains.

The paragraph below was slightly modified from www.theralac.com where you can find more information. Please visit their site for details on references contained within the text.¹ The following two paragraphs were taken from different sources, and help explain benefits of THERALAC®, specifically for children on the spectrum.

Probiotics are defined as: “Live microorganisms that when administered in adequate amounts confer a health benefit to the host” (World Health Organization 2001). According to the International Probiotics Association (IPA), the benefits of probiotics can include reduction in diarrhea caused by antibiotics and rotavirus, alleviation of symptoms of lactose intolerance, alleviation of symptoms of food and skin allergies in children, reduction of recurrent ear and bladder infections, and other positive indications.

How Does THERALAC® Benefit My Immune System?

THERALAC®'s five probiotic strains work in unison to support the mucosal immune system on the intestinal surface; activation signals are then sent to the body's systemic immune system. This is a gentle and controlled process because THERALAC®'s strains are beneficial. Essentially, the immune system is put on alert so that it is ready to act quickly if there is an appearance of pathogenic microorganisms.²

Many children with autism have chronic digestive problems. In fact, gastrointestinal symptoms in autistic children often first appear in conjunction with initial changes in emotion and behavior during the onset of autism, leading researchers to suspect a gut-brain connection.³

Normally, proteins are digested in stages by enzymes; first to peptides, and then to smaller amino acid components, which are absorbed into blood capillaries in the gut mucosa. The larger peptides are generally unable to cross this mucous membrane barrier, if they do, however, they can act as opioids affecting neurotransmitters in the brain causing abnormal behaviors and/or activity. These incompletely digested peptides—known as exorphins, casomorphins, and gluteomorphins usually come from milk proteins such as casein, or from wheat (gluten), and are structurally similar to morphine. The formation of excess peptides in the gut is possibly associated with sub-optimal enzyme activity, or an insufficient supply of enzymes required to breakdown these peptides. So if we repair the imbalance of beneficial bacterial organisms in the gut and the gut lining, while killing the pathogens causing the dysbiosis, we have the opportunity to heal children with autism. Probiotics can be used to improve the quality of the gut mucosa.²

In addition to aiding in the repair of the gut lining and improving digestion, there is also evidence that probiotics can help with detoxification of heavy metals such as toxic mercury.

The paragraph below was taken from the presentation “Gut biology and Treatment” by Dr. Anju Usman:

Emerging literature is showing the beneficial effect of oral probiotics on mood and anxiety symptoms. In a double-blind, placebo controlled randomized parallel group study, daily use of probiotics reduced psychological distress.⁵ A number of studies have shown the anti-anxiety effects of probiotic use in patients with medical conditions.⁶

Dr. Vincent Young, University of Michigan (2009): “the gut ecosystem needs to be preserved and that changing the ecosystem through stresses such as antibiotics could irreversibly change the ecosystem, with deleterious effects.” Dr. Young has studied the effects of antibiotics on the microbes in our gut. He found that mice when given particularly strong antibiotics completely wiped out all their normal gut microbes. Even more striking, clostridium species and fungal species are then able to overgrow without the bacteria there to fend them off.

There is no doubt in my mind that probiotics helped get my son’s gut back in order, helped improve my own health, and that of thousands of families of children on the spectrum. Probiotics should be given without food, directly before bedtime. This way, they have the entire night to proliferate in the small intestine where they are needed.

Special note for those with PANDAS/PANS: We have received some reports where some PANDAS/PANS and/or older children were becoming violent and having more SIBs while on probiotics. Be observant and watch for behavior changes when adding probiotics. In addition, know that we may need to remove them for a period of time!

Omega-3 & Omega-6 Fatty Acids

Omega-3 and omega-6 fatty acids are polyunsaturated fatty acids and are considered essential fatty acids. Essential fatty acids must be consumed because your body cannot produce them. They are important for brain development, immune system and cardiovascular function, and normal metabolism. Omega-3 and omega-6 fatty acids are commonly found in marine and plant oils. While a healthy diet often provides adequate supplies of both, supplementation is sometimes necessary.

Omega-3 fatty acids also help to regulate energy levels, as well as normalizes blood sugar levels. They help improve concentration as well as mental vividness. Using omega-3 fatty acid supplements helps with anxiety, mood swings, and depression. They are especially significant in the treatment of autism. The entire body benefits from ingesting omega-3 fatty acids; from physical development, to relaxation from anxiety and jitteriness, to developing brain cells; all of these aspects can aide in the treatment of autism.⁶

Omega-6 fatty acids promote healthy brain function and assists with skin and hair growth, bone development, and metabolism. A healthy balance of omega-3 and omega-6 fatty acids promotes heart health and minimizes inflammation. Omega-6 may also be used to treat allergies, eczema, osteoporosis and premenstrual syndrome.⁷

Unlike omega-3 fatty acids, excessive consumption of omega-6 fatty acids can have negative effects. Therefore, their consumption must be monitored. Omega-6 fatty acids, in large quantities, can promote inflammation in the body that may lead to flare-ups of eczema, acne, and the aches and pains associated with arthritis. It is recommended that you maintain about a 4:1 ratio of omega-6 to omega-3 fatty acids.

Some research has been done that suggests improvements in overall health, cognition, sleep patterns, social interactions, and eye contact when children on the spectrum were given an EFA (Essential Fatty Acid) supplement.⁸

Furthermore, another study showed the positive effects of EFA's on dyspraxia (a motor disorder frequently associated with cognitive, behavioral, and social challenges). The participants showed improvements in reading, spelling and behavior during the treatment period.⁹

I have personally found that I really like omegas from YES™ Supplements. Dr. Brian Peskin has some very informative videos on YouTube discussing the merits of vegan versus animal based omega sources. I highly recommend you have a look for yourself. My own son, and many other children have built up to taking one tablespoon, two times a day.

L-carnitine

L-carnitine is a vital amino acid that promotes healthy neural levels of acetylcholine, an important neurotransmitter that aids memory and proper brain function. Research suggests that an L-carnitine deficiency may be implicated in a number of conditions, including ME/CFS (chronic fatigue syndrome), diabetes, Alzheimer's, dementia, and autism.

L-carnitine is composed of two essential amino acids, lysine and methionine. It is produced in the liver and kidneys and is contained in most cells of the body. It is required for the proper metabolism of fat and helps with mental concentration, and energy production. It transports long-chain fatty acids across the mitochondrial membrane so that they can be burned to produce energy.

A clinical trial studying the use of L-carnitine as a potential therapy for autism demonstrated the children taking L-carnitine showed improvements in their ability to relate to people, body use, adaptation to change, listening response, verbal communication, sociability, sensory/cognitive awareness, and health/physical behavior. There are a few articles that may be helpful for a better understanding of the importance of this amino acid. Check out an article by Henke Schultz, "L-carnitine helps kids with autism, study finds" and another by Emily Singer, "Defects in carnitine metabolism may underlie autism."

The average dose for L-carnitine is anywhere from 250-1000 mg per day with food, depending on weight and reactions.

GABA

GABA (gamma-aminobutyric acid) is an amino acid and a neurotransmitter (a type of chemical responsible for carrying information from one cell to another). It is produced naturally in the body, but is also widely available in supplement form. Manufacturers claim that GABA supplements can help boost the brain's GABA levels and, in turn, treat anxiety, stress, depression, and sleep problems.

The GABA system acts as something of an information filter to prevent the nerves from becoming over stimulated. It has long been suspected that this filtering process is compromised in many autistic children. Impairment of the GABA system could overwhelm the brain with sensory information, leading to many of the behavior traits associated with autism. GABA is also believed to play a key role in the early development of the brain.¹⁰

GABA is also involved with the production of endorphins in our brain, which make us feel positive and upbeat. GABA can reduce stress, relieve anxiety, and increase alertness. GABA can be helpful for behavior, language, and possibly even seizures.

GABA is used for control of seizure activity and works on the same receptors as the drug Keppra®. GABA is also useful for speech, helps facilitate language in nonverbal children, and improves language in children that are beginning to speak.

If you are going to give GABA to your child, the max is 5,000 mg per day, divided into two doses, one in morning and one at night, always on an empty stomach. In the evening, GABA can be given 15 minutes after your last dose of Chlorine Dioxide, with your probiotic. I start at 250 mg two times a day, one in the morning and one at night. I then titrate up the dose daily or every other day if everything looks good. If you observe sleepiness or irritability it is a good idea to back down.

5-HTP (5-Hydroxytryptophan)

5-HTP, also known as oxitriptan, is a naturally occurring amino acid. It is a chemical precursor to the neurotransmitters, serotonin and melatonin from tryptophan. 5-HTP works in the brain and central nervous system by increasing the production of the chemical serotonin. Serotonin can affect sleep, appetite, temperature, sexual behavior, and pain sensation.

From *Saving Eli: One Family's Struggle* - Vitamin Research Products website:

While not clearly understood, researchers know that serotonin pathways are disturbed in autism, contributing to sleep disorders and mood. Tryptophan has been shown to help but has been banned by the FDA since 1989. We found that 5-HTP helped immensely, calming tantrums and increasing communication with our son.¹¹

5-HTP is used between 50 mg and 200 mg, divided into two doses, morning and evening with food. I have seen it help children with autism for attention, focus, sleep, and cravings.

L-theanine

L-theanine or gamma-glutamylethylamide or 5-N-ethyl-glutamine, is an amino acid commonly found in tea. Theanine is able to cross the blood–brain barrier, and is reported to have positive effects on mood, stress, and cognition.

The following is excerpted from the L-Theanine website:¹²

Many people experience stress on a daily basis and are looking for natural and safe ways to manage it. For thousands of years, it has been suggested that drinking green tea will make one relaxed. Recently this relaxation effect was found to be true and works because of an amino acid called L-Theanine which is found in the tea. Clinical research will show that ingesting up to 200mg of L-Theanine will promote the creation of the very important “anti-stress” neurotransmitter in the brain called GABA or gamma-aminobutyric acid. This results in a relaxed, clear and alert mental state.

When used in the correct amounts in supplemental form, L-Theanine may:

- Reduce Stress
- Reduce Occasional, Simple Nervous Tension
- Promote Relaxation without Drowsiness
- Promote Mental Clarity and Focus
- Promote Positive Mood
- Promote Alertness
- Promote Learning and Memory
- Help Prevent Jitters Caused By Caffeine

I have found that when we can reduce these symptoms in individuals with ASDs we can get an increase in speech, learning, focus, concentration, and attention. L-Theanine is given with GABA upon waking, and can also be given at bedtime if needed, always without food. You can work up to 200 or 250mg/day.

Pycnogenol®

Pycnogenol® (pic-noj-en-all) French maritime pine bark extract acts as a potent blend of antioxidants, it is a natural anti-inflammatory, stimulates generation of collagen and hyaluronic acid and help with natural dilation of blood vessels by supporting production of nitric oxide.¹³

Pycnogenol® is not a supplement I tend to use very often, because it is an antioxidant, and therefore cannot be combined with chlorine dioxide. However, in some people it has proved necessary and helpful for speech and reduction of seizures. It should be given in the morning with food at a dose between 25 and 400 mg/day depending on need. Pycnogenol® may not be suitable for children who are sensitive to phenols.

L-Carnosine

L-Carnosine is a dipeptide of the amino acids beta-alanine and histidine. It is highly concentrated in muscle and brain tissues.

L-Carnosine is believed to stimulate the frontal areas of the brain, resulting in overall improved levels of functioning. More and more research shows that the frontal lobes and temporal lobes in the brain control emotion, epileptic activity, cognitive, expressive speech, and abstract thinking. Studies have shown Carnosine to improve language, socialization, and overall level of functioning in individuals within the autism spectrum. It has also been shown in studies

to have anti-seizure properties without the side-effects of prescription anti-seizure medications.

Research indicates it prevents the formation of the beta amyloid plaque that is found not only in neurological conditions such as Alzheimer's, Parkinson's and autism, but also in the eyes in degenerative eye conditions and in the pancreas in diabetes. It is a neuroprotectant, with a study indicating it reduced severity of damage in stroke patients.¹⁴

Chez and coworkers found that after eight weeks on L-carnosine, children showed statistically significant improvements on the Gilliam Autism Rating Scale (GARS). They relate this to the likely ability of L-Carnosine to enhance neurological function, perhaps, in the enterorhinal or temporal cortex.¹⁵ This enhancement in neurological function has led to speech in many of the families that I have worked with.

I have also seen L-Carnosine help reduce seizures in some children and increase language in others. It is given twice a day with breakfast and dinner at a dose of 200 to 400mg, 2 times a day. If you note hyperactivity, remove it.

Taurine

Taurine is an amino acid, a chemical that is a required building block of proteins. Taurine is found in large amounts in the brain, retina, heart, and in blood cells called platelets. It can be consumed through eating meat and fish.

Autism and Low Taurine

“Are You Dangerously Deficient in Taurine”¹⁶ explores possible problems associated with a taurine deficiency. Among the problems noted in the article is autism and low taurine levels. In the article, Leonard Smith MD writes about the benefits of taurine, some of which can be of interest to people dealing with autism spectrum disorders:

- Brain and nervous system function
- Helps eliminate toxins
- Stabilizing the brain (can be effective in treating seizure disorders)

Taurine, like all amino acids, must be given without food. The maximum dose is between 500 and 1,500 mg.

DMG

DMG, or dimethylglycine, is an amino acid that can be found in many common food items like meats (especially liver), various grains, and beans. It has been classified as a type of amino acid that is closely linked to vitamin B.

There have also been interesting developments in the use of a DMG supplement for children with autism. Because many children who have autism are unable to tolerate eye contact, and some have problems forming complete sentences and thoughts studies investigated whether an increase in DMG consumption could help to alleviate many of these problems. In fact, the study found that when children with autism were given supplemental DMG they appeared less frustrated and showed a marked increase in their speaking and cognitive abilities.¹⁷ At present, this research remains novel and therefore further investigation is necessary to determine what the long-term effects of DMG supplementation might have on children on the spectrum.

The following paragraphs were excerpted from *Defeat Autism Now!*¹⁸

Dimethylglycine (DMG) for Autism

For over 20 years ARI has been hearing from parents who have tried DMG on their autistic children. In many cases remarkably good results have been seen, especially in enhancing speech. In some cases, drug-resistant seizures have been stopped by DMG. (See *New England Journal of Medicine*, 10-21-82, pgs 1081-82).

There is an extensive research literature on the safety and health benefits of DMG. Many studies have shown that DMG enhances the effectiveness of the immune system, improves the physical and athletic performance of humans and other animals (e.g. race horses) and has, all in all, a very wide range of beneficial effects. It is very safe. I have seen no evidence of any toxic or significant adverse effects.

Many parents have reported that, within a few days of starting DMG, the child's behavior improved noticeably, better eye contact was seen, frustration tolerance increased, the child's speech improved, or more interest and ability in speaking was observed.

A full dose of DMG is 900 mg per day, taken without food upon waking. However, it is best to start at a lower dose and slowly work up to 900 mg over a week or so. If you see an increase of hyperactivity (which is rare), reduce the dose. If no improvement is seen within a month I would switch to TMG.

TMG - Trimethylglycine (Betaine Anhydrous)

TMG (Betaine anhydrous) is a chemical that occurs naturally in the body, and can also be found in foods such as beets, spinach, cereals, seafood, and wine.

How does it work?

A form of betaine called betaine anhydrous helps in the metabolism of homocysteine, a chemical involved in the normal function of many different parts of the body, including blood, bones, eyes, heart, nerves, and the brain. Betaine anhydrous prevents the buildup of homocysteine seen in people who have problems with its metabolism from birth.¹⁹

The following is excerpted from the *Autism Canada Foundation*.²⁰ Please visit their site...

www.autism.org

...for full references contained within the text.

The benefits of taking DMG or TMG range from behavioral changes, reduction of seizures, and decreased obsessive-compulsive behaviours to improved language. DMG and TMG have been reported from thousands of families to be quite beneficial to many individuals with autism.

Research on humans and laboratory animals has shown that DMG and TMG enhance the effectiveness of the immune system. Some children and adults with autism have seizures, and there are published reports of decreases in seizure activity as a result of DMG. A double-blind placebo-controlled study by Drs. Shin-siung Jung, Bernard Rimland, and Stephen M. Edelson involving 84 participants documented a significant decrease in behavioral problems.

It should be noted that some kids tolerate DMG but not TMG. TMG is given upon waking without food, in a dose of 500mg. If DMG didn't yield improvements in language, then we switch to TMG.

FAQ's

There are times when I do see undigested food in my son's stools. I am particularly concerned. He never complains of stomach pains. But I do see some at times, especially cashews. Should I bother with an enzyme? Or is it better without one. If so, which brand?

I love enzymes. Kirkman has one with Isogest[®], 851/180 is the number, and it's broad spectrum. Also, Biofilm Defense[®] is great for dissolving the biofilm. A number of the parents online have used Ness[®] enzymes Gastric comfort formula #601 very successfully.

How should I administer THERALAC®?

The best time to administer probiotics is at bedtime. Children's THERALAC® is a granular formula so you can sprinkle it on yogurt or mix it into a smoothie and still obtain the same benefits! So how do you take it? We recommend that you take a level 1/4 teaspoon and fold it into yogurt, applesauce, or food of a similar consistency and let it sit for a minute. This is to keep the granules as close together as possible, thus allowing our acid proof gel matrix to form around the product. Visit the THERALAC® website for more info:

www.theralac.com/childrens-theralac.aspx

Supplement Dosing Overview

Supplement	Dose	Time of Day	Empty Stomach (ES) or With Food (WF)
Probiotics	1 cap	Before Bed	ES
Omega-3/ Omega-6	1 Tbsp	With any meal 1-3x / day	WF
L-Carnitine	250-1000mg/day	With any meal 1-3x / day	WF
GABA	Up to 2,500mg 2x/day	Upon waking & at bedtime	ES
5-HTP	50-200mg	Morning & Evening	WF
L-Theanine	Work up to 200- 250mg/day	Mornings or Mornings & Nights	ES
Pycnogenol	25-40mg a day/as needed	Morning	WF
L-Carnosine	200-400mg 2x / day	Morning & Evening	WF
Taurine	500-1500mg/day	Morning, Noon & Night	ES
DMG	900mg/day	Morning	ES
TMG	500mg/day	Morning	ES
Enzymes	1 cap w/meals	Morning, Noon & Night	WF

Chapter 10

Step 5 - Chelation

So, let's say we're clipping along; full Diet, CD, Kalcker Parasite Protocol, and we've added in whatever supplements the child specifically needs and the child still has autism. Recovery is still not a reality... yet! At this point, it's time to look at chelation.

Why use Chelation for Autism?

Chelation became very popular in the world of autism about a decade ago, when things were heating up around the Thimerosal/Autism connection. Today, many of our children are still metal toxic. Metal challenges (testing that shows metals in urine) from any of the thousands of children whose families I have helped show the same thing—extremely high levels of mercury, lead, aluminum, as well as sometimes tin, cadmium, and other metals.

These heavy metals can come from various sources such as:

- Coal burning power plants. According to the EPA, coal-fired power plants in the United States emit about 48 tons of mercury into the air every year, where more than half of this mercury falls within five miles of the plant itself. When it reaches the water, microorganisms consume it and convert it into a substance called methyl mercury.
- Drinking water
- Our food supply
- Cookware
- Deodorant
- Beauty products
- Dental amalgams
- Vaccines, etc.

Heavy metals are known to accumulate in different parts of the body including organs, bones, joints, and the brain, etc. Metal toxicity can provoke

inflammation, kill neurons, cause behavioral changes, affect the thyroid and other master glands, lower T-cell counts, and cause a myriad of other symptoms. Furthermore, new research shows that fluoride in drinking water makes the aluminum that we ingest more bio-available. As was reported in the journal *Brain Research*, the combination of aluminum and fluoride causes the same pathological changes in brain tissue found in Alzheimer's patients.¹

Many children with autism also have impaired methylation cycles. The result of this impairment is an inability of the body to rid itself of excess metals, thereby prolonging chronic illness.

What exactly is methylation?

Methylation reactions are those that involve the transfer of a methyl group from one compound to another. The methylation cycle is the name given to a biochemical pathway that contributes to a range of crucial bodily functions, including:

- Detoxification
- Immune function
- Maintaining DNA
- Energy production
- Mood balancing
- Controlling inflammation

Impairments or mutations on the methylation cycle can lead to problems with:

- ASD's
- Alzheimer's
- Diabetes
- Allergies and Asthma

An overload of toxins (including heavy metals), can contribute to the impairment of the methylation cycle, and if the methylation cycle is impaired the body is unable to detoxify as needed, therefore creating a vicious catch 22.

We need to help our children's bodies rid themselves of their excess metals as part of the healing process. Dr. Usman has shown us that heavy metals are present in the biofilm, and Dr. Klinghardt has shown that removing mercury can be directly related to a reduction in chronic infections.²

Let's get those metals out!

What exactly is Chelation?

Chelation is a process used to rid the body of heavy metals. It is described as a chemical process in which a substance (chelator) is used to bind molecules, such as metals or minerals, and hold them so that they can be removed from the body.

Some of the most common chelators used in the world of autism are:

EDTA

This is an amino acid that attracts lead, other heavy metals, and some minerals from the bloodstream and expels these toxic elements in the urine. EDTA works to remove excess lead from the body, but it is not specific to mercury or methyl mercury as are DMSA or DMPS. It can be taken orally, by rectal suppository, or IV.

DMSA

This is an FDA approved drug that can be used in children when lead toxicity is suspected, however it can also be effective at removing other heavy metals including mercury and arsenic. It can be taken orally, transdermally, or given as a suppository.

DMPS

DMPS is given to remove mercury from the body. It can be given IV, intramuscularly, subcutaneously, transdermally, or by suppository.

Patrick has been prescribed all of these at different points of his life, and I can't say that I saw miraculous results during the time that I used them. However, some families have seen results, and this is something you may want to discuss with your doctor. After years of using chelators, and seeing other families use chelators, I have opted for a gentle approach. I like to use two products: bentonite clay baths and Bio-Chelat™. These products are strong enough to help the body rid itself of heavy metals, but have not been shown to stress the liver or provoke undesirable detox symptoms.

Knowing now that metals are in the biofilm, I feel it is short sighted to focus solely on metals or heavy metals rather than all the pathogens in the biofilm.

Bentonite Clay Baths

Bentonite clay is sedimentary clay composed of weathered and aged volcanic ash. Bentonites are more widely known as healing clays used for detoxing, cleansing, and drawing out impurities. They are used in many everyday products such as toothpaste, antacids, and cosmetics.

Indigenous people have used bentonite clay for centuries; Dr. Weston A. Price in his book, "Nutrition and Physical Degeneration,"³ stated that when studying the diets of native tribes he examined their knapsacks. Among the tribes examined in the High Andes, in Central Africa and the Aborigines of Australia, Dr. Price reported that some knapsacks contained balls of volcanic ash clay, a little of which was dissolved in water.

Bentonite is known as "swelling clay." When bentonite clay absorbs water and swells up, it is stretched like a sponge. Toxins are drawn into these spaces through electrical attraction and bound. In fact, according to the Canadian Journal of Microbiology, bentonite clay can reportedly absorb pathogenic viruses, as well as herbicides and pesticides.⁵

One of my personal favorites has been *Even Better Now*®'s product available at:

www.evenbetternow.com

"EBN® Cleansing Clay is 100% pure sodium bentonite clay which has the highest cation exchange capacity (CEC of 98-107 meq/100g) of any bathing clay that we tested on the market. This clay is high purity air-classified sodium bentonite, selectively mined, consisting of micronized particles, which is a free-flowing powder. EBN® Cleansing Clay is 100% pure, hypoallergenic, and free of viruses, bacteria, yeast, and mold, as well as having a high cation exchange capacity."

There are other quality clays on the market, but EBN® tests every batch for heavy metals when it comes in. No, I do not receive financial gain from the company.

Bio-Chelat™

Another product I really like for gentle (low and slow) chelation is Bio-Chelat™. This is a German product containing a minimal amount of EDTA, which is FDA approved as a food substance. According to a clinical trial carried out in Germany:

The therapeutic value of the Bio-Chelat™ in the context of other chelators that are currently on the market is seen as follows: Chelators work relatively fast, but they are also very strong with a relative high washout of important trace elements and a high degree of specific side effects. Bio-Chelat™ works much gentler than most common chelators.

Although during the treatment a significant decrease of the body's heavy metal ion load was seen, this is accomplished without greatly disturbing the mineral and trace element relationships. The reduction of zinc should be looked at with caution and may easily be corrected throughout the treatment.⁵

I have seen very positive changes in many of the children who added in either bentonite clay baths, Bio-Chelate™, or both. As with any other intervention, add them separately while closely observing your child. Keep a log to record any changes, progress, or reactions you observe. Even if you don't see anything right away, I would keep using the products for a minimum of three months. Again, since they work LOW and SLOW changes may not be apparent at the outset, but that doesn't mean they are not helping to heal your child's body.

I use the CD baths every other day and then two times a week I do bentonite clay baths. I don't do the CD bath and the bentonite clay bath on the same day. I do them at opposite ends of the week.

Three days or so later, we'll add in the Bio-Chelat™. Again, follow the instructions on the package, and you can always start low and work your way up. Since Bio-Chelat™ doesn't alter the CD, the drops can be added to a single dose of CD. In addition, since the drops have no flavor, it is suitable to add them to water or any other drink your child might consume throughout the day.

Common Errors in Chelation:

Urine analysis without provocation:

Many families will do urine analysis to see if there are heavy metals present. If you have not done any chelation (oral or intravenous) you really don't get a good picture of what kinds of metals are actually in the body. Simply because the metals don't show up in urine, doesn't mean they are not present in the bones, the intestinal tract, the brain, and organs, etc. If we don't do any sort of provocation, we may end up with a false negative, leading a family to believe that their child is not metal toxic, when in fact they are. Bentonite clay baths and Bio-Chelat™ are gentle enough that they will not cause any harm to a child (metal toxic or no) but can greatly help reduce the heavy metal load, as well as other toxins in the body.

Healing the gut before starting chelation:

A doctor once told me that we had to heal the gut before we could start the chelation process. However, in the children that I have seen recover, probably up to the last month before they recover, their gut might still not yet be perfect. For example, one of the little girls that recovered continued to suffer from constipation at 30 days before she lost her autism diagnosis. However, at this stage something seemed to switch, she started having regular bowel movements and within 30 days she lost her diagnosis.

Basically we're healing the intestines as we're chelating, as we're healing everything else. They are all parts of the puzzle. I would never put chelation before the CD or parasite protocols. However, it's definitely something that's part of our road when, after these other approaches, children have not yet recovered. At some point after we have the CD, ocean water, parasite protocol and some supplements is when we can add in chelators. It's not like I'm saying, "Oh we'll talk about that in a couple of years." We want our children recovered in less time. It's like a marathon, we keep the pace, never lose our heads, or break into a sprint.

Do not chelate with constipation:

If the child suffers from constipation, it's really important that we start moving the intestines when we're using chelators. There are a few options open to us for moving the intestines. I have found that the most effective is through the use of CD enemas. If your child isn't having a daily bowel movement, I would do an enema once a day. If you absolutely can't do enemas, get that child in a CD bath. We're finding that 50 to 100 drops in a bathtub is allowing children who previously had constipation to have bowel movements.

There are a few children/adults on the protocol that will not do enemas, or the parent will not. Whatever their situation may be, we have to get the bowels moving again. In this case, we do 50 to 100 drops in their bath water along with their max oral dose every day. The result has been that they're having regular bowel movements. That's one way we can move it along and then you can keep chelating. It's really important to have a daily bowel movement with any kind of chelation because otherwise the toxins are simply reabsorbed through the intestinal wall, whether they're heavy metals or other pathogens.

IV chelation is not the only means by which to cure autism:

I think at one point between 2006-2008, we were all focused on the problem in the world of autism being the heavy metals, because there was mercury/Thimerosal in the vaccines. We had to get the mercury out of our children. Well, part of the problem is they're not detoxing. As mentioned before, methylation cycles are impaired in children on the spectrum. I met a young girl whose parents were both allopathic doctors and they really believed at that point, as most of us did, that heavy metals were the problem with autism. If we could get the heavy metals out then they would recover. The parents did 122 IV chelations and their child never improved. At this point I have lost touch with them, but these are things that we have to learn along the way. I know now that it is NOT just about chelation, and why metals are NOT the only important piece. All of the pieces play a role and likely interact to cause autism in our children. There is a symbiotic relationship between the viruses, bacteria, candida, and parasites that exist in the biofilm. Since CD can break down biofilm and kill the pathogens living in it, as well as neutralize heavy metals, it has been a very powerful tool for us.

Doing a blood test to look for heavy metals:

Generally speaking, within three days of heavy metals entering the bloodstream, the body will deposit the heavy metals into tissues, organs, and eventually bones. For this reason, a blood test is not the best place to look for heavy metals in children with autism. Unless the child has very recently been exposed to heavy metals, we are unlikely to see elevated levels of heavy metals through a blood analysis.

The articles at the end of this book (Appendices 13 & 14) will provide further insight as to why chelation can be so important for our children on the spectrum.



Luca



The world of autism is rocking again. Kerri Rivera has done it. In this comprehensive book she has condensed and simplified the core elements of the biomedical approach, those that work 90% of the time on 90% of the children. Her focus on using a unified and affordable approach to reduce the body burden of chronic infections and infestations is addressing the very core issue of most autistic children and adults. It has made her method the most powerful tool to this day to help many children recover safely, inexpensively and solidly. Her research is validated by the enormously positive response from parents from all over the world.

—Dietrich Klinghardt MD, Ph.D.

EXCITING UPDATES TO THIS EDITION INCLUDE:

- A new method of CD preparation • New parasite protocol charts
- Lunar calendar • Many new testimonials
- A section on gluten's role in molecular mimicry and autoimmunity
- Information on helping older or violent / aggressive children



In the seven months since the release of the first edition of *Healing the Symptoms Known as Autism*, 22 more children have lost their autism diagnosis and returned to a state of health, for a total of 115 recovered children and counting. Hundreds more have lost ATEC points, as well as shown many cognitive, behavioral, emotional and physical gains thanks to the protocol outlined in these pages. This edition includes all protocol updates and a whole lot more information that can benefit families of children and adults on the spectrum.

In 3 years, 115 children previously diagnosed with regressive autism were able to shed their diagnosis, their symptoms and return to an overall state of health and vitality. If you have any interest in finding out how they were able to heal you need to read this book. Kerri has a heart for children with autism, and she cares greatly about recommending safe, economical interventions that are helping to confront an epidemic.

—Teri Arranga
Executive Director of AutismOne (www.autismone.org)

**With over 180
TESTIMONIALS
from around the world!**

