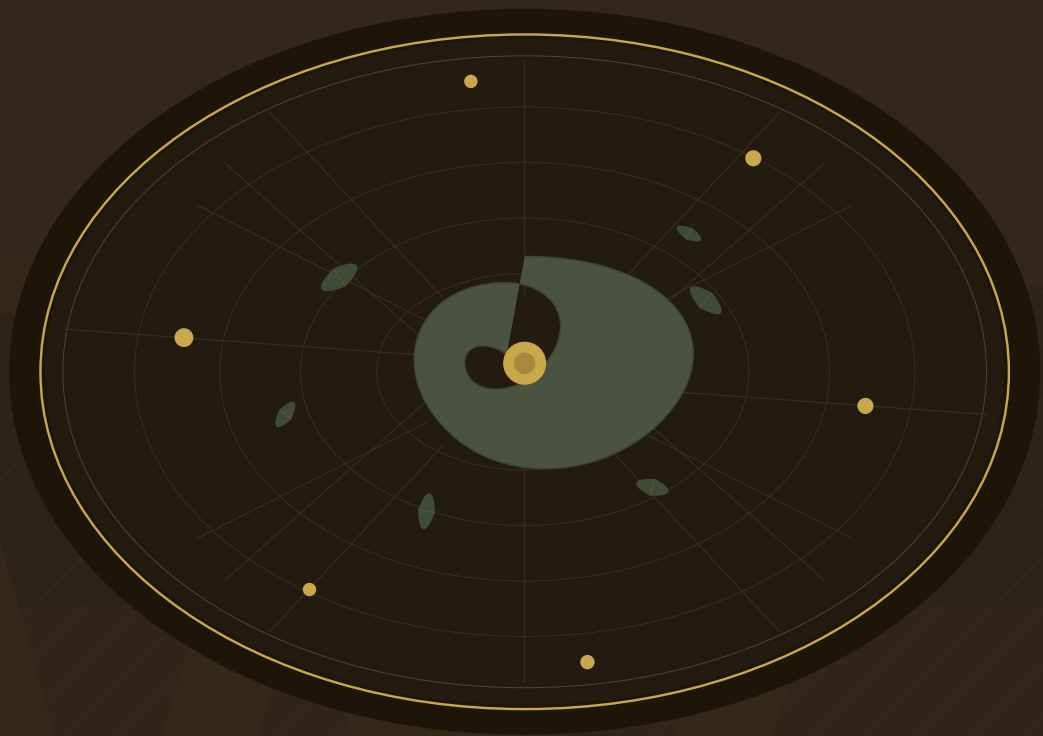


A HEALTH MEMOIR

THE WORM

Turned

Everything They Didn't Tell You About
What's Living Inside You –
And How to Take Your Body Back



BY

Hana & Kenny Huber

www.letstalkaboutparasites.com

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The information in this book is for educational purposes only and does not constitute medical advice. The authors are not licensed medical practitioners. All protocols described should be discussed with a qualified healthcare provider before implementation. Individual health situations vary.

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"The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet, and in the cause and prevention of disease."

— Thomas Edison

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A Note Before

We Begin

This is not a medical textbook. I am not a doctor, and I am not trying to be one. What I am is someone who spent years suffering, watched the people I love suffer, walked into doctor's offices and walked out with nothing useful, and then decided to figure it out myself.

What follows is the result of that decision — years of research, personal experimentation, family testimony, and an obsessive commitment to understanding what was actually happening inside our bodies when no one else seemed interested in finding out.

I will share protocols. I will share what worked. I will share what the research says and where to find more of it. But I want to be clear: this is your body, your responsibility, and your journey. Do your own research. Question everything — including me. That instinct, the one that says something is wrong and I am going to find out what, is the most important thing you can bring to this.

It's the thing that saved us.

One more thing, before we go any further.

We documented this journey. Photographically and on video. Almost every significant expulsion over multiple years of cleansing — the worms, the nests, the parasitic material that conventional medicine insists you do not have — captured and stored. We did not do this to be sensational. We did it because we knew, from the beginning, that no one was going to take our word for it. We knew that the moment we started talking about what was coming out of our bodies, the first response would be disbelief. Documentation was our answer to that disbelief before it was even voiced.

That evidence exists. It is available at www.letstalkaboutparasites.com. For researchers, practitioners, journalists, documentary filmmakers, or anyone who needs to see it to believe it — it is there.

We are not asking you to take our word for anything.

The Tumor

That Wasn't

Two weeks before I started writing this, I was doubled over in pain.

Sharp, deep, unmistakable — the kind of pain that doesn't negotiate. It was coming from my lower left abdomen, somewhere in the pelvic region, and it wasn't moving. I knew, somewhere beneath the fear, exactly what it was. But pain has a way of bypassing certainty, so I went to urgent care anyway.

Here is the fuller picture of what had happened in the days before the pain arrived. I had a root canal coming up and my dentist had put me on a course of antibiotics in preparation — standard protocol, nothing unusual. What nobody flags for you when they hand you that prescription is what antibiotics actually do to the gut. They do not discriminate. They do not selectively remove the bad and leave the good. They carpet bomb the entire microbiome — wiping out years of carefully cultivated beneficial bacteria along with whatever they were prescribed to target. My gut, which had been rebuilt painstakingly through years of cleansing and probiotic support, was suddenly stripped of its defenses. The beneficial bacteria that had been keeping everything in check were gone. The environment that had been inhospitable to parasitic activity was suddenly wide open. What followed was predictable in retrospect: the parasites surged into the vacuum, the gut reacted, and within days I was in the kind of pain that sends you to urgent care.

The antibiotics did not cause the parasites. They were already there, as they always are to some degree. What the antibiotics did was remove the biological resistance that had been keeping them contained. It is one of the most important lessons this journey has taught me about the relationship between conventional medicine and gut health — that the treatments we trust most unthinkingly can undo, in a matter of days, the work we have spent months or years building.

The doctor — calm, efficient, not particularly curious — told me it could be one of three things: diverticulitis, ovarian torsion, or a tumor.

Tumor.

That word doesn't land softly in anyone's mind, but in mine it detonated. I have what you might generously call an active imagination and what others might less generously call paranoia, and within approximately thirty seconds I had mentally scheduled my own funeral. I went to the ER. I had a CT scan. I lay in a hospital bed and waited.

The diagnosis came back: diverticulitis. Go home. Clear liquid diet. Rest.

I mentioned to the ER doctor, as an aside, that I had been periodically doing parasite cleanses for the past few years. She looked at me with the polite blankness of someone encountering a concept for the first time. She had no idea what I was talking about.

I went home. I got back on the cleanse. I passed what can only be described as a nest — a mass of material that had no business being inside a human body. And the pain — the sharp, scan-worthy, could-be-a-tumor pain that had sent me to two medical facilities in one day — disappeared.

Immediately. Completely. Gone.

It was parasites.

It is almost always parasites.

This book is about that — about the organisms living inside most of us right now, about what they do to our bodies and our minds, and about the concrete, practical, step-by-step process of getting them out and rebuilding what they left behind. It is also about a broken medical system that has no interest in having this conversation, and about what happens when you decide to stop waiting for permission to heal yourself.

Let's start at the beginning.

PART ONE

The Story

How We Got Here

It Started

With Kenny

This story begins the way so many health crises begin — not with a dramatic collapse, not with a diagnosis, but with something small and persistent that nobody could explain.

It started with Kenny.

Kenny is not someone who complains. He is not someone who rushes to doctors or catastrophizes a symptom or makes his discomfort the center of a room. He is steady, pragmatic, and quietly stubborn about getting on with things. So when he started feeling off — genuinely, consistently, increasingly off — and said nothing for a while, that was exactly in character. And when he finally did say something, I paid attention, because Kenny not being well enough to stay quiet about it meant something was actually wrong.

The discomfort had been building for two years. Stomach issues that made his nights miserable — unpredictable, relentless, the kind that disrupts sleep and erodes everything else over time. Bloating that came and went without pattern. An exhaustion that didn't respond to rest. And a skin rash on his back that had appeared without explanation, changed shape, and refused to leave.

We are not doctor people. Our first instinct with any problem — health or otherwise — is to research it, form a theory, and test the theory ourselves. We had been doing that with Kenny's symptoms for long enough to know that the standard answers were not going to cut it. We had tried the diets, the remedies, the lifestyle adjustments. We had eliminated things, added things, tracked things. And we kept ending up back at square one.

Something was wrong. We just hadn't found the right question yet.

The Rash, the Doctor, *and the \$500 Lesson*

Kenny's rash appeared without ceremony. It didn't announce itself as the beginning of a years-long journey into alternative medicine and parasite biology. It just showed up on his back — wrong-looking, spreading, shifting into something that resembled warts.

We are not doctor people. Our first response to any health problem is to research, form a hypothesis, and test it. So we tested. Essential oils. Nizoral — the antifungal shampoo that doubles as a treatment for Tinea Versicolor. Coconut oil. Thieves oil. Dead Sea salt and mud. Cortisone cream. Acne treatments. Some things helped, briefly. Then stopped helping.

We caved. Kenny's sister Anna had a dermatologist she trusted — her family has the kind of chronic skin history that requires regular professional attention, so we figured she was a reliable referral. We booked an appointment.

The doctor was handsome and confident and almost entirely useless.

He examined Kenny's back. He said it looked normal. He deflected every question we asked with the patient, slightly condescending manner of someone who has decided the appointment is over before the patient has. Kenny mentioned a mole on his throat he'd been wanting removed. The doctor froze it off. We walked out with a bill just over five hundred dollars, the majority of which was for thirty seconds of liquid nitrogen.

On the way out, we noticed the walls. They were papered with advertisements — cosmetic procedures, fillers, peels, anti-aging treatments. This was not a diagnostic practice. This was a sales floor that occasionally saw patients between transactions.

We drove home and felt defeated.

That feeling — the specific defeat of having handed your problem to an expert and gotten nothing back — is one I now recognize as a turning point. Not just for us. For anyone who eventually decides to stop outsourcing their health and starts actually paying attention.

The defeat was the beginning.

The Night I

Stayed Up Reading

For two years before the rash appeared, Kenny had been suffering from stomach issues that made his nights miserable. We had tried every dietary protocol we could find. Atkins. FODMAP. Keto. Intermittent fasting. Elimination diets. Each one would show promise for a few days and then collapse back to baseline. Nothing held.

One night, unable to sleep, I started pulling threads.

I wasn't looking for anything specific. I was doing what I always do when something doesn't add up — reading until the picture gets clearer. And I found something that stopped me cold: a biological fact I had somehow never encountered before. The same embryonic cell that divides and multiplies to form a human being gives rise to both the skin and the gut lining. They are, at their origin, the same tissue. The gut-skin axis is not a wellness influencer's invention — it is basic developmental biology. Skin problems and gut problems are frequently not two problems. They are one problem with two faces.

I kept reading. Clinical studies. Focus group analyses. Animal research. Alternative health blogs. I crossed sources, looked for patterns, checked where the data converged regardless of who was publishing it.

Six hours in, I landed on a blog about human parasites and their relationship to chronic skin conditions. The information lined up with everything else I had been reading. The skin symptoms. The gut symptoms. The years of failed dietary interventions. The cravings. The sleep disruption.

By morning, I was certain. It was parasites.

I had one remaining problem: I needed to tell my husband that I believed worms were living inside him.

I chose my moment carefully. Coffee first. Then I sidled into the kitchen and — as casually as I could manage — explained my theory and suggested he might want to consider a parasite cleanse. I had already found one I liked, developed through a chiropractor who specialized in this area, built around something called the Full Moon Protocol — a product line from CellCore

Biosciences, specifically their Para 1, Para 2, and BioToxin Binder.

Kenny said yes almost immediately.

And so it began.

What *Came Out*

The Full Moon Protocol was not subtle.

Approximately ten supplements, taken two or three times daily. A supporting diet. And — I want to be honest about this, because the honesty matters — a commitment to examining what your body expelled. I understand this is where some readers will hesitate. I hesitated too. But suffering has a way of overriding squeamishness, and what we saw in those first days made every moment of discomfort worth it.

Three days in, Kenny slept more than two consecutive hours for the first time in recent memory.

And what appeared — I am going to describe this plainly because you need to understand the scale of what was happening — was not nothing. Whipworms. Hookworms. Pinworms. Structures that looked, improbably, like tiny parachutes. Masses of material that had no business being inside a human body but had apparently been living there, undisturbed, for an unknown length of time.

This continued for months. The volume was staggering. Genuinely, jaw-droppingly staggering. We had found what we were looking for.

The behavioral changes were equally dramatic. The 3 a.m. ice cream cravings disappeared. The compulsive need for sugar, for junk food, for things that had never served Kenny's health — gone. We learned, in our subsequent research, that this is not coincidence. Parasites are not passive residents. They are intelligent organisms that actively manipulate their host's behavior, appetite, and even mood to ensure their own survival. They feed on sugar. They create cravings for sugar. When they die, the cravings die with them.

But here is the part nobody warns you about: when parasites die, they do not go quietly. A dying parasite releases toxins into the surrounding tissue — ammonia, waste byproducts, and inflammatory compounds — at a scale that is genuinely shocking once you understand it. We are talking about a toxic load that can reach thousands of times the body weight of the parasite itself. Multiply that across a large infection — and Kenny's infection was large — and you begin to understand why the first weeks of a cleanse can feel like the flu.

This is called a die-off reaction — sometimes referred to as a Herxheimer reaction — and it is one of the most important things to understand before you begin any cleanse protocol.

We both got on an intermittent fasting schedule — nothing until 5 PM, eating freely until 11 PM, then fasting again. We both lost significant weight without hunger or effort. I did the cleanse alongside Kenny and had my own version of the experience — less dramatic in scale, but unmistakably real.

It was the height of COVID-19. Trust in institutional medicine was at a historic low. And here we were, in our kitchen, healing ourselves with supplements and discipline and a willingness to look at uncomfortable things — achieving in weeks what two years of doctors and diets had failed to achieve.

We told our family. They tried it. Every one of them experienced relief — bloating reduced, acid reflux quieted, cravings diminished. The pattern was too consistent to be placebo.

We had found the thread. And we were going to follow it as far as it went.

PART TWO

What's Actually Happening

The Science You Were Never Taught

Parasites:

The Hidden Epidemic

Let's establish something clearly: you almost certainly have parasites.

Not because you are unclean. Not because you have done something wrong. Because parasites are one of the most successful life forms on Earth, they have evolved over millions of years specifically to inhabit the human body, and the modern medical establishment in the Western world has largely stopped looking for them.

The World Health Organization estimates that over 3.5 billion people worldwide are infected with some form of intestinal parasite. That number represents roughly half the global population. In developing nations, parasite infection is treated as an obvious and routine health concern. In the United States and Western Europe, it is treated as either exotic or psychiatric. Neither framing is accurate.

How Do You Get Parasites?

The more useful question is: how do you avoid them? The answer is that you largely cannot. Parasites enter the human body through multiple vectors simultaneously.

Food and Water

Undercooked meat — particularly pork, beef, and freshwater fish — is a primary vector. Unwashed produce carries eggs and larvae in soil. Municipal water supplies, even filtered ones, are not impervious to certain parasitic cysts. Sushi, rare steak, ceviche — any food that is not thoroughly cooked carries a transmission risk that most people have simply chosen not to think about.

Soil and Surfaces

Hookworm larvae penetrate directly through the skin — most commonly through bare feet on contaminated soil. Toxoplasma is carried in cat feces and soil and can be absorbed through routine gardening. You do not need to eat anything or drink anything. You simply need to touch the wrong surface without adequate protection.

Air

Certain parasitic eggs are lightweight enough to become airborne, particularly in environments with animal traffic, farm operations, or contaminated dust. Breathing them in is a transmission route that most people find impossible to believe and therefore do not consider.

Person to Person

Pinworm eggs – the most common intestinal parasite in the United States – are transmitted through contact with contaminated surfaces, bedding, clothing, and direct touch.

What Do Parasites Do?

The damage parasites cause depends on the organism, the duration of infection, and the overall health of the host. But across species and infection types, certain patterns recur with enough consistency to serve as a diagnostic framework.

Gut Disruption

Bloating, gas, alternating constipation and diarrhea, cramping, and what gets diagnosed as Irritable Bowel Syndrome (IBS) are among the most frequent parasite symptoms. The organisms physically damage the intestinal lining, disrupt the gut microbiome, interfere with nutrient absorption, and create inflammation that radiates outward from the gut into the whole body.

Skin Conditions

Eczema, psoriasis, chronic hives, rashes that appear and disappear without obvious trigger, and persistent acne all appear with disproportionate frequency in individuals with undiagnosed parasitic infections. The gut-skin axis means that inflammation in the gut manifests on the skin.

Sleep Disruption

Sleep disruption is almost universal in parasite infection. Parasites, particularly pinworms, are more active at night – they migrate to lay eggs during sleep hours, which triggers physical discomfort and neurological disruption.

Cognitive and Behavioral Effects

Toxoplasma gondii, carried by an estimated one-third of the global population, has been shown in research to alter dopamine production, reduce reaction time, change risk tolerance, and fundamentally reprogram the behavior of infected hosts. Other organisms produce neuroactive compounds that influence mood, anxiety levels, and food preferences. The sugar cravings that vanished when Kenny began his cleanse were not coincidental. They were manufactured.

Immune Suppression

Chronic parasitic infection keeps the immune system in a state of perpetual, exhausting low-grade activation. Resources that should be available for fighting acute illness, repairing tissue, and maintaining systemic health are permanently diverted to an invisible war the body is not winning.

A NOTE ON GRAY HAIR — AND WHAT IT MAY ACTUALLY MEAN

Premature graying is one of the most dismissed and least investigated symptoms in the parasite conversation — and one of the most telling. Hair color is produced by melanocytes, the pigment-producing cells in hair follicles that synthesize melanin. Melanocyte function is exquisitely sensitive to nutritional status, oxidative stress, and chronic inflammation — all of which are directly compromised by parasitic infection.

Parasites are aggressive consumers of the nutrients the body needs to maintain melanin production. Copper, catalase, B12, folate, and zinc are among the most critical. Copper in particular is essential for the enzyme tyrosinase, which drives melanin synthesis. Parasites accumulate copper in their own tissue — actively sequestering it away from the host.

People who have completed long-term parasite cleanse protocols frequently report changes in their hair — reduced graying, return of natural color at the roots, improved thickness and growth rate. This is not coincidence. It is the body, finally adequately nourished and freed from chronic oxidative assault, restoring functions it had quietly abandoned.

Why Doesn't Your Doctor Test for This?

This is the question I am most frequently asked, and it deserves a direct answer.

First: standard stool tests, the only parasite screening routinely offered in Western medicine, miss the majority of parasitic infections. Many organisms do not shed eggs consistently — testing on the wrong day produces a negative result from an infected gut.

Second: parasitology as a medical specialty has been progressively defunded, deprioritized, and sidelined in Western medical education over the past fifty years. Doctors are not trained to look for parasites in otherwise functional-seeming patients.

Third: the pharmaceutical model has no financial interest in parasite awareness. A patient with IBS takes a daily medication indefinitely. A patient who clears their parasitic infection and

heals their gut does not. The incentive structure of modern medicine does not reward getting to the root cause.

I am not telling you that every doctor is corrupt or every pharmaceutical company is evil. I am telling you that systems follow their incentives, and the incentives of modern Western medicine do not point toward parasite awareness.

Your job is to point yourself there.

PART THREE

The Protocols

What To Do About It

The Cleanse —

Getting Them Out

Before you begin any cleanse protocol, understand one thing: dying parasites release toxins. This is not a metaphor. When a parasite is killed by an antiparasitic substance, it releases the contents of its body — ammonia, waste products, and in large infections, a toxic load that can temporarily make you feel significantly worse before you feel better.

Plan your cleanse during a period when you can rest, eat simply, and pay attention to your body. Do not begin a cleanse the week before a major work deadline or a family event. Give yourself space.

The Full Moon Protocol

Parasites, particularly helminths, are most active and most vulnerable around the full moon. This is not mysticism — it is biology. The gravitational pull of the full moon affects fluid dynamics in the body similarly to how it affects tides, and parasites, which are moisture-dependent organisms, become more mobile and reproductively active during this window.

That said — the protocol is effective at any time. The moon alignment simply amplifies the results. If you are suffering and ready to start, start.

The three core supplements for the Full Moon Protocol are CellCore Biosciences' Para 1, Para 2, and BioToxin Binder — taken together, always on an empty stomach. Para 1 is built around Mimosa Pudica Seed, the sticky gut-scrubbing agent that physically grabs parasites and pulls them out. Para 2 contains Black Walnut Hull alongside a broader spectrum of antiparasitic herbs. BioToxin Binder captures the toxic die-off load and escorts it out before it can be reabsorbed.

We eventually stopped using the CellCore line — not because it stopped working — but because we wanted to know whether the results depended on the brand or on the underlying ingredients. So we switched to sourcing the core components individually: Mimosa Pudica Seed, Black Walnut Hull, and Activated Charcoal, all available from independent supplement suppliers at a fraction of the cost.

The results were the same. The active ingredients are what matters.

Step 1 — Choose Your Protocol Length

The protocol comes in four lengths. Your starting point depends on how sensitive your system is and how much cleanse experience you have.

3-Day Protocol

Start one day before the full moon, end one day after. The entry point — appropriate for beginners or anyone who is particularly sensitive. The goal is not to power through the most aggressive version from day one.

5-Day Protocol

Start two days before the full moon, end two days after. The next step up once you have completed a 3-day cycle and understand how your body responds.

7-Day Protocol

Start three days before the full moon, end three days after. For those with some cleanse experience and a clear picture of how their body handles die-off.

15-Day Protocol

Start seven days before the full moon, end seven days after. The full protocol — the goal to work toward over time. This is what experienced cleansers run when doing serious, sustained work. Kenny eventually worked up to this length. Do not begin here.

Step 2 — Dosages

All three supplements are taken at the same time — morning and evening — one hour before eating or two hours after. Do not separate them. They work together.

Supplement	Beginner (Daily)	Veteran (Daily)
Mimosa Pudica Seed	4 capsules (2+2)	8 capsules (4+4)
Black Walnut Hull	2 capsules (1+1)	4 capsules (2+2)

Activated Charcoal	4 capsules (2+2)	4 capsules (2+2)
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Keep Mimosa Pudica and Black Walnut at least one hour away from other supplements. Keep all three at least two hours away from any prescription medications to avoid absorption interference.

The Candida

Connection

Candida albicans is not the enemy. That distinction matters before anything else in this chapter, because the framing of *Candida* as an invading pathogen — something foreign to the body that needs to be eliminated — is part of what makes it so hard to address effectively.

Candida is a commensal yeast. It is a normal, present, expected member of the gut microbiome. In a healthy gut — one with diverse bacterial populations, intact intestinal lining, and a well-calibrated immune response — *Candida* exists in controlled numbers, does its job as part of the ecosystem, and causes no problems.

The problem is not that *Candida* is there. The problem is when it stops being a cooperative resident and becomes an opportunistic colonizer. This shift happens under specific conditions, and parasitic infection creates most of them simultaneously.

Parasites damage the intestinal lining. They disrupt the microbiome. They suppress immune function. They alter gut pH. Each of these changes individually creates conditions more favorable to *Candida* overgrowth. Together, they essentially roll out a red carpet.

The relationship runs both ways. *Candida* overgrowth creates an intestinal environment that is more hospitable to parasites — higher sugar availability, damaged mucosal defenses, suppressed immune surveillance. Treating parasites without addressing *Candida* leads to reinfection and relapse. Treating *Candida* without addressing parasites removes the downstream effect while leaving the upstream cause. Both must be addressed.

The symptoms of *Candida* overgrowth overlap significantly with parasitic infection, which is one reason both are so often missed or misattributed. Chronic fatigue. Brain fog. Sugar cravings. Digestive disruption. Skin issues. Recurring vaginal yeast infections. Oral thrush. Joint pain. Mood instability. Depression and anxiety.

The *Candida* diet — the dietary framework most commonly recommended to address *Candida* overgrowth — is built around eliminating the sugar and refined carbohydrates that *Candida* feeds on, while supporting the gut environment through anti-inflammatory, nutrient-dense foods. No sugar. No refined carbohydrates. No alcohol. Limited fruit. Abundant vegetables, quality proteins, and healthy fats.

For natural antifungal agents, the most evidence-supported options include Caprylic Acid, Berberine, Undecylenic Acid, Oil of Oregano, Pau d'Arco, and Grapefruit Seed Extract. Pharmaceutical options include Fluconazole and Nystatin, each with appropriate clinical uses. Rebuilding the microbiome through high-quality probiotics and prebiotic foods is central to long-term Candida management.

Detox and Binders —

Getting the Poison Out

Clearing parasites and Candida is only half the equation. What they leave behind is its own problem.

When parasites die, they release ammonia, toxic metabolic byproducts, and inflammatory compounds into the surrounding tissue. In a large infection, this die-off load can be significant enough to cause its own symptoms: headaches, brain fog, skin eruptions, fatigue, joint pain, and nausea. This is the Herxheimer reaction — and the mistake most people make when they experience it is stopping the protocol, concluding that the treatment is making them sick.

The treatment is not making you sick. The dying organisms are making you sick. The solution is not to stop killing them. The solution is to bind and remove the toxins they release more efficiently.

One of the most underreported die-off symptoms is the occipital migraine — a deep, often throbbing or stabbing pain that originates at the base of the skull and can extend over the scalp and behind the eyes. The mechanism is straightforward: ammonia and neurotoxic byproducts released by dying parasites enter the bloodstream and trigger inflammatory responses in the nervous system. Capsaicin cream applied to the base of the skull, combined with analgesics, magnesium glycinate, and binders, is the most effective protocol for managing this.

Activated charcoal is the workhorse of die-off management — one gram has roughly 500 square meters of surface area, binding toxins in the gut before they can be reabsorbed. Take it two hours before or after anything else, drink plenty of water, and use it consistently during active cleanse cycles. Other essential binders include Bentonite Clay, Chlorella (broken-cell-wall form), Diatomaceous Earth, and Zeolite. Supporting liver drainage through Milk Thistle, Dandelion Root, and Castor Oil Packs is equally critical.

The detox system has multiple exit routes — bowel, urine, sweat, breath. Keeping all of them moving is essential during a cleanse. Constipation during a cleanse allows toxins to be reabsorbed. Magnesium glycinate or citrate, Triphala, movement, Epsom salt baths, and adequate water — minimum two to three liters daily — keep the channels open.

The Backup Nobody Talks About —

Fecal Impaction

There is a moment in the cleanse journey that nobody prepares you for, and it is this: things stop moving.

Not slowing down. Stopping. You are taking antiparasitic supplements, your body is killing organisms by the thousands, dead parasites and their toxic load are accumulating in the gut — and then the exit door jams. The toxins you were trying to expel are being reabsorbed. You feel bloated, heavy, nauseated, and more foggy-headed than before you started.

This is fecal impaction, and it is one of the most common and least discussed complications of a serious parasite cleanse. It happened to us. It stopped our progress cold until we figured out how to address it.

Parasites physically occupy space in the intestinal tract, disrupting the normal wave-like muscular contractions — called peristalsis — that move waste through the colon. Dead parasites expelled in masses during a cleanse add bulk and compaction to the mix. Activated charcoal and bentonite clay — the very binders you are using to manage die-off toxins — can contribute to hardening of stool if water intake is insufficient.

The abdominal massager — a handheld vibrating device applied directly to the abdomen — works by mechanically stimulating peristalsis when the gut's own motility has slowed. Lie on your back with knees bent. Begin at the lower right side — the area over the ascending colon — and move clockwise, following the path of the colon. Ten to fifteen minutes is a meaningful session. Many people feel the urge to use the bathroom within twenty to thirty minutes.

Additional tools that keep things moving: the squatting position (a Squatty Potty replicates the squat angle and makes a measurable difference), a bidet attachment (non-negotiable during a cleanse), warm water first thing in the morning, magnesium, oral castor oil for significant slowdowns, Triphala for ongoing motility, and consistent movement including rebounding on a mini trampoline.

A cleanse that is not eliminating is not a cleanse. It is accumulation. Keeping the exit routes open is not a footnote to the protocol — it is the protocol.

Glutathione —

Your Body's Master Antioxidant

Of all the compounds produced inside the human body, glutathione may be the most important and the least discussed in mainstream health conversations.

Glutathione is a tripeptide produced in virtually every cell of the body. It is the master antioxidant: the molecule that neutralizes free radicals, recycles other antioxidants, detoxifies carcinogens and heavy metals, supports immune function, and maintains cellular integrity across virtually every tissue type.

Chronic parasitic infection depletes glutathione aggressively. The toxic load generated by parasites and their die-off, the systemic inflammation they create, and the nutritional depletion they cause all consume glutathione faster than a compromised body can produce it.

Standard oral glutathione supplements have a problem: glutathione is degraded in the digestive tract before it reaches the bloodstream. The effective approaches are liposomal glutathione, sublingual glutathione, and IV glutathione administered clinically.

The most sustainable approach is to give the body what it needs to make more of its own. N-Acetylcysteine (NAC) is the most important glutathione-supporting supplement available — it provides the rate-limiting amino acid cysteine for glutathione synthesis, disrupts biofilm, and protects against heavy metal accumulation. Alpha-Lipoic Acid (ALA) both supports and recycles glutathione. Selenium, sulforaphane, high-quality protein, and Vitamin C all contribute to the glutathione system.

People who rebuild their glutathione levels frequently report improvements that feel almost disorienting after years of subtle decline: mental clarity sharpens, emotional resilience improves, word retrieval becomes easier, and the specific fog of chronic low-grade toxin exposure lifts. This is not a placebo effect. It is glutathione.

Rebuilding

the Gut

You have evicted the parasites. You have addressed the Candida. You have managed the die-off and begun rebuilding your antioxidant defenses. Now comes the work that determines whether the healing lasts: rebuilding the gut.

Chronic parasitic infection damages the gut in ways that do not automatically heal when the infection is cleared. The intestinal lining has been physically damaged. The tight junctions between cells have been compromised. The microbiome has been disrupted, depleted, and shifted toward dysbiosis. This is what is called leaky gut – intestinal hyperpermeability – and it is real, measurable, and documented in the research literature.

For healing the gut lining, the most important nutrients are L-Glutamine (primary fuel for enterocytes, 5-10g daily on an empty stomach), Zinc Carnosine, collagen and bone broth, Slippery Elm Bark, Deglycyrrhizinated Licorice (DGL), and Aloe Vera inner leaf. For acid reflux: one teaspoon of naturally mined baking soda dissolved in water provides immediate relief without the long-term problems of proton pump inhibitors.

Rebuilding the microbiome requires feeding the organisms you want to cultivate. Multi-strain, high-potency probiotics (rotate brands every 1-2 months), prebiotic fibers from foods like Jerusalem artichoke, chicory root, garlic, and cooked-and-cooled resistant starch, and traditional fermented foods – sauerkraut, kimchi, kefir, kombucha – all have legitimate roles. Spore-based probiotics (*Bacillus coagulans*, *B. subtilis*) are significantly more resistant to stomach acid and colonize differently than standard *Lactobacillus* strains.

The gut contains approximately 100 million neurons and produces roughly 90% of the body's serotonin. A damaged, dysbiotic gut does not just cause digestive symptoms. It causes depression, anxiety, cognitive impairment, and mood instability through direct neurological pathways. Healing the gut heals the brain. This is not a metaphor.

Feeding Your *Immune System*

The immune system is not a single organ. It is a distributed, complex, adaptive network — and the gut is its largest outpost. Approximately 70% of immune tissue is located in and around the gastrointestinal tract.

Chronic parasitic infection keeps the immune system in a state of constant, exhausting activation. Rebuilding immune function requires both removing the chronic burden and actively restoring the system's reserves.

The foundational supplements for immune recovery are Vitamin D3 (target 60-80 ng/mL, always paired with K2 MK-7), Zinc Picolinate or Bisglycinate (15-30mg daily), high-dose Liposomal Vitamin C, and medicinal mushrooms — Reishi, Turkey Tail, Lion's Mane, and Chaga provide beta-glucans that modulate immune function rather than simply stimulating it.

Adaptogens address the chronic stress component: Ashwagandha reduces cortisol and supports thyroid function; Astragalus is a classic immune tonic with strong research support; Rhodiola addresses energy and cognitive fatigue; Holy Basil supports immune homeostasis and is easy to incorporate as daily tea.

No supplement stack compensates for inadequate sleep. The immune system does the majority of its maintenance, repair, and training work during sleep. Magnesium glycinate before bed, low-dose melatonin, consistent sleep schedule, and limiting screen exposure are the behavioral foundations.

The lymphatic system has no pump — it is moved entirely by muscle contraction and body movement. Rebounding for ten minutes moves lymph more efficiently than almost any other activity. A sedentary body is a body with stagnant lymph and accumulated toxins.

Intermittent Fasting —

Starving What Shouldn't Be There

Of all the interventions we discovered through our parasite journey, intermittent fasting produced changes that were simultaneously the most dramatic and the hardest to explain to people who haven't experienced them.

Intermittent fasting is not a diet. It is a timing protocol — a deliberate structure around when you eat that allows the body to access physiological states it cannot reach in a state of continuous feeding.

Autophagy — from the Greek for 'self-eating' — is the body's cellular cleanup process, in which damaged cells, dysfunctional proteins, and intracellular pathogens are identified, disassembled, and recycled or eliminated. Autophagy begins meaningfully after approximately 16 to 18 hours of fasting. In the context of parasite and Candida recovery, autophagy is directly antiparasitic — it clears intracellular organisms that supplement protocols cannot easily reach.

Fasting also dramatically improves insulin sensitivity, reducing the blood glucose and insulin spikes that feed parasites and Candida. A fasting body is a metabolically hostile environment for sugar-dependent organisms. Our protocol — nothing until 5 PM, eating freely until 11 PM — is essentially 18:6.

Do not begin with extended fasting if you are new to it. Start with a 12-hour overnight fast for one to two weeks, then progress to 14:10, then 16:8. Move at your own pace. During the eating window, prioritize protein and healthy fats. Eat enough. Eat well. The window is for nourishment, not restriction.

Red Light Therapy and *Resonance Frequency*

Not everything in this protocol comes in a capsule. The further we have gone down this path, the more we have come to appreciate tools that work on the body through physics rather than chemistry.

Red light therapy – photobiomodulation – uses specific wavelengths of red (630-700nm) and near-infrared (800-1100nm) light to stimulate biological processes at the cellular level. The mechanism: red and near-infrared light are absorbed by cytochrome c oxidase, a key enzyme in the mitochondrial electron transport chain. This absorption triggers increased ATP production, reduced oxidative stress, decreased inflammation, accelerated cellular repair, and improved circulation.

Chronic parasitic infection depletes mitochondrial function through sustained oxidative stress. Red light directly counteracts this – restoring mitochondrial efficiency, accelerating cellular recovery, and stimulating collagen production and tissue repair in the gut lining. Kenny's shin rash – the die-off inflammation marker that had been our most reliable signal – responded visibly to red light sessions. Reduction in redness, reduction in duration.

Resonance frequency therapy has a more controversial history. In the 1930s, Royal Raymond Rife identified that every microorganism had a specific resonant frequency – a frequency at which it would vibrate itself to destruction. His laboratory was raided. His equipment was destroyed. His research was discredited. The community that formed around frequency medicine is large, serious, and growing. Spooky2 is the most widely used home platform, with an enormous frequency library and active online community.

We came to resonance frequency therapy after years of supplement protocols had done significant work but plateaus remained. The addition of frequency sessions broke through in ways that were noticeable and, at times, dramatic. We offer it here not as a replacement for the protocols in this book but as a layer – another tool in a comprehensive approach.

The Metal Left Behind —

Heavy Metal Detox

Here is something that almost no one tells you when you begin a parasite cleanse: parasites are not purely destructive. In small numbers, in a balanced relationship with their host, they serve a function. Specifically, they filter and sequester heavy metals.

Parasites — particularly helminths — accumulate heavy metals in their tissue at concentrations far exceeding what is present in the surrounding host tissue. Mercury, lead, cadmium, arsenic, aluminum. The parasites absorb them, store them, and in doing so, keep them out of circulation. They are, in a sense, the body's emergency response to a heavy metal burden it cannot otherwise manage.

This is why heavy metal detox is not optional after a parasite cleanse. When you clear the parasites, you release the metals they were storing. Those metals do not disappear. They enter circulation. Without a deliberate detox protocol to capture and remove them, those metals redistribute into tissues — particularly the brain, the liver, the kidneys, and the bones.

The heavy metal detox protocol centers on: Cilantro (fresh, daily — one of the most potent natural heavy metal mobilizers, crosses the blood-brain barrier) paired with Chlorella (which binds and captures what cilantro releases), Clinoptilolite Zeolite, Modified Citrus Pectin, and for serious cases, EDTA or DMSA under practitioner supervision. NAC and ALA contribute as gentler supporting chelators. Infrared sauna is one of the most effective tools for elimination through sweat.

Protecting against ongoing exposure: replace mercury amalgam fillings with a biological dentist trained in safe removal, filter drinking water with reverse osmosis, avoid large predatory fish (tuna, swordfish, shark), and switch to natural deodorant and non-aluminum cookware.

Where We Are Now — *And What Comes Next*

Kenny is still doing his cleanse cycles. Not because he is still sick — he is healthier than he has been in decades — but because we now understand that parasite management, like dental hygiene, is ongoing maintenance rather than a one-time event. Parasites are part of the environment we live in. They will always be attempting to reestablish. The difference now is that we are paying attention, we have the tools, and the body we have been rebuilding over the past six years is significantly less hospitable to them than the one they started in.

The rash on his shin still flares occasionally when a particularly significant die-off occurs. Activated charcoal. A day of rest. Then it passes.

My diverticulitis scare — what turned out to be a parasitic nest in my colon producing enough inflammation to send me to the emergency room — resolved completely. I have had no recurrence.

Our family members who did the cleanse continue to maintain dietary and supplemental practices that support their gut health. The bloating, the acid reflux, the constant fatigue that had been normalized as 'just how they felt' — gone, or significantly reduced.

We are not zealots. We do not believe parasites are the explanation for every human illness, or that doctors are universally corrupt, or that pharmaceutical medicine has nothing to offer. We believe in using every tool available — natural and pharmaceutical, ancient and modern — with the same rigorous, evidence-seeking, skeptical intelligence we bring to everything else.

What we do not believe is that the body is a passive victim of circumstances, or that suffering is inevitable, or that the appropriate response to persistent illness is to stop asking why.

The appropriate response to persistent illness is to ask louder.

The appropriate response to a doctor who has no answer is to find someone who does.

The appropriate response to a system that has no financial incentive to solve your problem is to solve it yourself.

The information exists. The protocols exist. The research exists. What is required is the willingness to look for it, the discipline to apply it, and the patience to let it work.

We found the thread. We followed it. It led here.

Now it's your turn.

Resources, Research, *and Starting Points*

On Parasites and Parasitology

- WHO Global Parasitology Reports (who.int)
- Dr. Hulda Clark, *The Cure for All Diseases* — pioneering if controversial; start here for the historical natural antiparasitic framework
- Dr. Todd Watts and Dr. Jay Davidson — functional medicine practitioners with extensive parasite protocol content (microbeformulas.com)
- Dr. Jason Dean — chiropractor, health freedom advocate, and host of the BraveTV podcast (bravetv.com)
- Dr. Eric Berg — YouTube health educator with thousands of videos on gut health, nutrition, fasting, and root causes of chronic illness (youtube.com/@DrEricBerg)
- Dr. Dietrich Klinghardt — European integrative medicine physician with extensive parasite and heavy metal work

On Candida

- Dr. William Crook, *The Yeast Connection* — the foundational text on Candida overgrowth
- Dr. Jeff McCombs — Candida Plan protocol and research
- PubMed search: 'Candida albicans biofilm' and 'Candida intestinal permeability'

On Glutathione, Microbiome & Fasting

- Dr. Mark Hyman on glutathione (drhyman.com)
- Dr. Emeran Mayer, *The Mind-Gut Connection* — gut-brain axis science
- Dr. David Perlmutter, *Brain Maker* — microbiome and neurological health
- Dr. Jason Fung, *The Complete Guide to Fasting*
- Yoshinori Ohsumi's Nobel Prize lecture on autophagy (nobelprize.org, 2016)

Products Referenced

Note: Specific affiliate links and current pricing are available at www.letstalkaboutparasites.com. The following are the core products referenced throughout this book.

- CellCore Biosciences — Para 1 (Mimosa Pudica Seed), Para 2 (Black Walnut Hull blend), BioToxin Binder (cellcore.com)
- Activated Charcoal — available from multiple independent supplement suppliers
- Mimosa Pudica Seed — CellCore Biosciences and Microbe Formulas
- Liposomal Glutathione — look for third-party tested brands
- Multi-strain Probiotic — refrigerated, minimum 50 billion CFU, rotate brands
- Medicinal Mushroom Complex — Host Defense (Paul Stamets), Real Mushrooms, or Fungi Perfecti

DISCLAIMER: The information in this book is for educational purposes only and does not constitute medical advice. The authors are not licensed medical practitioners. All protocols described here should be discussed with a qualified healthcare provider before implementation. Individual health situations vary.

www.letstalkaboutparasites.com