

# Parasites

*“I am still 100% digestive symptom free!! So the parasites were most definitely the cause...and all the bizarre illogical symptoms actually make sense now! I’m so grateful you thought to do the parasite cleanse.”*



Adult tapeworm  
(cestodes)

## After Parasite Cleanse-

- ✓ Fever Gone
- ✓ Hormone Problems Resolved
- ✓ Off All Medications
- ✓ No Sensitivity To Light
- ✓ Weight Gain Ceased
- ✓ GI Problems 100% Better

## Initial Symptoms-

- ✓ Fever
- ✓ Hormone Problems
- ✓ Vitamin B12 & B1 Deficiencies
- ✓ Severe Photosensitivity
- ✓ Weight Gain
- ✓ Severe GI Problems

*“This patient displayed non-classic symptoms for parasites. In fact the only clue we had that this might be the problem were chronic slightly high monocytes. In the past two years, seven other doctors missed finding the parasites. How much longer would she have carried them if she had continued simply treating her symptoms instead of seeking out the root of the problem?”*

*-Dr. Van D. Merkle*

---

## Patient Profile:

**10-22-08** - The 48-year old patient has already been to 7 doctors, including 3 at OSU clinic, to help her with severe photosensitivity. She currently wears sunglasses even indoors and a double set of sunglasses and visor outside to prevent headaches. Testing from other doctors revealed a severe B1 and B12 deficiency but her eye exams and an MRI were all normal. They speculated the deficiencies were due to a possible genetic malabsorption problem and placed her on B1 and B12 shots which have helped her photosensitivity. The patient also suffers from chronic high fever. She states that her normal body temperature is about 99.8 degrees and that she had more than 20 fevers of 105 with convulsions before she was 5 years old.

The patient follows a very strict and healthy diet cutting back her calories recently and exercising but still continuously gains weight. She currently weighs 226lbs at 5’9” and her BP is 115/75. She eliminated wheat, gluten and potatoes from her diet and rarely eats pasta, dairy, red meat or alcohol. Any time she eats or drinks

nutritional shakes she experiences stomach pain, nausea and light-headedness. She had a long history of GI problems:

*"I don't remember the exact symptoms I had, but did have so much daily "morning sickness" (stomach pain) as child (around age 10-11) and missed so much school that I was hospitalized for tests at Children's Hospital in Columbus. I went through all kinds of tests (barium enema, gynecological, urinary tract catheter, scopes). They could find nothing wrong, except the symptoms disappeared when I drank barium, so the Drs. concluded I had a hyper-acidic stomach which was blamed on me being 'hypersensitive and emotional'. So I was told not to get upset or show emotions, was put on a bland diet (advised to eat lots of dairy) and told to take Mylanta (or Tums), which I did until I was an adult."*

She was allergic to fresh fruits and vegetables until adulthood and had a congenital defect in her lower mandible which left her unable to chew foods during two rounds of braces (from age 12 until age 23). She had maxillofacial reconstruction in 1983 (age 23). She had bad periods for about 10 years with severe cramping so 15 months ago doctors put her on Seasonique. Her light sensitivity and migraines started prior to the birth control. She also takes seasonal allergy medication as needed.

**Patient's tests results:**

**10-29-08** – Some preliminary testing was compared to the current tests we ordered. The most significant findings on the latest test are the high Creatine Kinase (CK), low protein and mild liver dysfunction (AST, ALT, GGT) although many other values are not ideal such as cholesterol and thyroid markers.

This was a non-fasting blood test, so the glucose and hemoglobin are fine and the B12 and B1 while high are not harmful. The CK, LDH and CRP are all indicators of muscle breakdown. This could be due to malabsorption or intestinal obstruction with her GI problems. With the low functioning thyroid, her immune system, digestive function and energy will all be lowered and it is very hard to have good cholesterol with a low thyroid. The low Alkaline Phosphatase is another sign of malnutrition and we also see signs of developing anemia with the high Iron and low Ferritin.

**Results of Initial Blood Test:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Glucose	10/29/2008	147.00	HI	102.00	⊕	80.00 - 95.00	65.00 - 99.00
Hemoglobin A1C (Gly-Hgh)		5.70	hi			4.60 - 5.40	4.80 - 5.90

Blue = clinically very high or clinically very low  
 Red = clinically high or clinically low  
 Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

**Results of Initial Blood Test Continued:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	10/29/2008			07/22/2008			
Total Protein		6.50	lo	6.80	☹	7.11 - 7.61	6.00 - 8.50
Albumin		3.80	lo	3.90	☹	4.10 - 4.50	3.60 - 4.80
Globulin		2.70	lo	2.90	☹	2.81 - 3.51	1.50 - 4.50
A/G Ratio		1.40	Opt	1.30		1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.30	lo	0.30	☺	0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150		50.00	lo	47.00	☺	65.00 - 108.00	25.00 - 160.00
Creatine Kinase		438.00	HI			64.00 - 133.00	24.00 - 173.00
LDH		227.00	hi			120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		28.00	hi	35.00	☺	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		33.00	hi	35.00	☺	15.00 - 26.00	6.00 - 40.00
GGT		18.00	lo			22.00 - 39.00	6.00 - 65.00
Serum Iron		140.00	hi			85.00 - 120.00	40.00 - 155.00
Ferritin		15.00	LO			30.00 - 218.00	22.00 - 322.00
Total Cholesterol		182.00	hi			140.00 - 170.00	100.00 - 199.00
Triglyceride		167.00	HI			80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		41.00	Opt			39.00 - 120.00	36.00 - 140.00
VLDL Cholesterol		33.00	hi			5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		108.00	HI			50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		4.40	hi			0.00 - 4.00	0.00 - 5.00
TSH		1.23	Opt	1.90		1.00 - 2.50	0.35 - 5.50
T4 Thyroxine		13.00	HI	11.60	☹	7.10 - 9.00	4.50 - 12.00
T3 Uptake		26.00	lo			29.00 - 35.00	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		3.40	Opt			2.61 - 3.60	1.20 - 4.90
CRP C-Reactive Protein		1.80	hi			0.00 - 1.50	0.00 - 4.90
White Blood Count		6.20	Opt	5.20		5.00 - 8.00	4.00 - 10.50
Red Blood Count		4.55	Opt	4.64		4.50 - 5.50	4.10 - 5.60
Hemoglobin		14.50	Opt	14.60		13.30 - 15.20	11.50 - 17.00
Hematocrit		42.10	Opt	42.40		39.50 - 47.00	34.00 - 50.00
MCV		93.00	Opt	91.40		85.00 - 97.00	80.00 - 98.00
MCH		31.90	Opt	31.50		28.10 - 32.00	27.00 - 34.00
MCHC		34.40	hi	34.50	☺	33.00 - 34.00	32.00 - 36.00
RDW		13.30	Opt	13.60		11.10 - 14.50	11.00 - 15.00
Platelets		313.00	hi	306.00	☹	175.00 - 250.00	140.00 - 415.00
Polys/Neutrophils (SEGS-PMNS)		63.00	Opt	60.60		55.00 - 65.00	40.00 - 74.00
Lymphocytes		28.00	Opt	26.60		25.00 - 40.00	14.00 - 46.00
Monocytes		6.00	Opt	9.00	☺	5.00 - 7.00	4.00 - 13.00
Eosinophils		2.00	Opt	2.90		0.00 - 4.10	0.00 - 7.00
Basophils		1.00	Opt	0.90		0.00 - 2.00	0.00 - 3.00
Neutrophils/Polys (Absolute)		3.90	Opt	3.20	☺	3.80 - 5.80	1.80 - 7.80
Lymphs (Absolute)		1.70	lo	1.40	☺	2.00 - 3.20	0.70 - 4.50
Monocytes (Absolute)		0.40	lo	0.50	☹	0.40 - 0.70	0.10 - 1.00
Eosinophils (Absolute)		0.10	Opt	0.20		0.00 - 0.20	0.00 - 0.40
Basophils (Absolute)		0.10	Opt	0.00		0.00 - 0.10	0.00 - 0.20
ESR-Erthrocyte Sed Rate. Westerar		3.00	Opt			0.00 - 6.00	0.00 - 20.00
Vitamin D 25-Hydroxy		33.30	lo			50.00 - 90.00	32.00 - 100.00
Carbon Dioxide (CO2)				29.00		20.90 - 26.00	17.00 - 30.00
Folates (Folic Acid), Serum				23.30		5.40 - 25.00	3.40 - 30.00
Vitamin B12		1,168.00	HI	222.00	☹	422.00 - 800.00	211.00 - 911.00
Vitamin B1. Plasma		17.00	hi	7.00	☹	8.00 - 16.00	4.00 - 20.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

We saw high levels of toxic elements in the hair test, especially Aluminum, Arsenic and Cadmium. There were also high levels of many essential elements like Calcium and Magnesium. When the body is bogged down by toxins, it uses vitamins and minerals to

expel them from the body; however, this depletes the resources of essential elements on hand to use for daily functions. So even though it may appear as though she has more minerals than she needs it is actually essential to boost her daily intake of nutrients thru supplementation and begin chelation therapy to help remove the overload of toxins.

**Results of Initial Tissue Mineral Analysis:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
<b>Toxic Elements</b>									
Aluminum	11/03/2008	28.00	HI			0-	5.20	5.21-	12.00
Antimony		0.04	hi			0-	0.02	0.03-	0.05
Arsenic		0.10	HI			0-	0.04	0.05-	0.09
Beryllium		0.01	Opt			0-	0.01	0.02-	0.02
Bismuth		0.14	Opt			0-	1.00	1.01-	2.00
Cadmium		0.11	HI			0-	0.05	0.06-	0.10
Lead		0.79	hi			0-	0.20	0.21-	1.00
Mercury		0.22	Opt			0-	0.50	0.51-	1.10
<b>Essential Elements</b>									
Calcium		1290.00	hi			663.00-	753.00	475.00-	1500.00
Magnesium		210.00	HI			53.00-	62.00	45.00-	180.00
Sodium		690.00	HI			25.00-	35.00	12.00-	90.00
Potassium		200.00	HI			14.00-	18.00	20.00-	80.00
Copper		26.00	hi			17.00-	22.00	12.00-	35.00
Zinc		140.00	LO			150.00-	160.00	140.00-	220.00
Manganese		0.44	hi			0.24-	0.32	0.15-	0.65
Chromium		0.71	HI			0.29-	0.31	0.20-	0.40

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

Further evidence of her toxicity was apparent in the urinary chelation challenge test. The column labeled "Pre-Chall" shows what toxins her body is able to eliminate on its own. The column labeled "DMSA" shows what is drawn out with the help of the chelating agent DMSA. Lead and Mercury were expelled at much higher levels after using DMSA signaling hidden stores of toxins in the body.

**Results of Initial Urinary Chelation Challenge:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy		Clinical	
Agent	11/10/2008	DMSA		11/09/2008	Pre-Chall				
<b>Toxic Elements</b>									
Aluminum (UA)		0.00	Opt	5.90		0-	13.00	13.01-	35.00
Antimony (UA)		0.00	Opt	0.00		0-	0.50	0.51-	1.00
Arsenic (UA)		39.00	Opt	65.00		0-	70.00	70.01-	130.00
Lead (UA)		16.00	HI	0.30	⊕	0-	4.00	4.01-	5.00
Mercury (UA)		5.40	HI	0.70	⊕	0-	2.00	2.01-	4.00
Nickel (UA)		2.20	Opt	2.60		0-	6.00	6.01-	12.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

**Doctor analysis:**

**11-24-08** – At this point in her treatment, we had not determined that parasites were the source of her problems. My thought after viewing the test results was that even with her good diet, the extremity of her GI problems led to absorption issues which created deficiencies in the body. She also has a lot of toxicity, but was not sure of the source. Perhaps these built up from childhood due to chronic health problems and dental work. I recommended supplements targeted at replenishing her stores of essential elements, eliminating toxins and assisting the digestive track with the absorption of nutrients.

**Patient assessment:**

**03-03-09** – For the past few months, the patient has done alternating cycles of 11-days vitamin supplementation for deficiencies followed by 3-days chelation to remove toxic metals. We saw some improvements with the second blood test and many things which did not improve were likely attributed to chelation. The patient states she feels really good by day 4 of the supplement regimen but then crashes after two days of chelation. Her explosive diarrhea got better in the beginning but she recently relapsed and her morning sickness got significantly worse. She says:

*"I can actually feel the food slam into my stomach and my stomach lurching into action to digest the food. If I eat solids, this is a rather painful and nauseating process. If I ease my digestive system into action by giving it liquids...then soft foods...by noon I can eat solid foods requiring more work to digest."*

She has also started gaining weight – as much as 10 lbs per month despite maintaining a very healthy diet. The patient went off her birth control in December and has had gushing, painful periods since. She is considering endometrial ablation for this problem.

**Results of 2nd Blood Test:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	02/16/2009			10/29/2008			
Glucose		93.00	Opt	147.00	☺	80.00 - 95.00	65.00 - 99.00
Hemoglobin A1C (Gly-Hgh)		5.60	hi	5.70	☺	4.60 - 5.40	4.80 - 5.90
Total Protein		6.40	lo	6.50	☹	7.11 - 7.61	6.00 - 8.50
Albumin		3.70	lo	3.80	☹	4.10 - 4.50	3.60 - 4.80
Globulin		2.70	lo	2.70	☹	2.81 - 3.51	1.50 - 4.50
A/G Ratio		1.40	Opt	1.40		1.22 - 1.60	1.10 - 2.50
Total Bilirubin		0.40	Opt	0.30	☺	0.39 - 0.93	0.10 - 1.20
Alkaline Phosphatase 25-150		64.00	lo	50.00	☺	65.00 - 108.00	25.00 - 160.00
Creatine Kinase		362.00	HI	438.00	☺	64.00 - 133.00	24.00 - 173.00
LDH		208.00	hi	227.00	☺	120.00 - 160.00	100.00 - 250.00
SGOT (AST) (AST)		33.00	hi	28.00	☹	15.00 - 26.00	6.00 - 40.00
SGPT (ALT) (ALT)		45.00	HI	33.00	☹	15.00 - 26.00	6.00 - 40.00
GGT		23.00	Opt	18.00	☺	22.00 - 39.00	6.00 - 65.00

Blue = clinically very high or clinically very low  
 Red = clinically high or clinically low  
 Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

**Results of 2nd Blood Test Continued:**

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
	02/16/2009			10/29/2008			
Serum Iron		111.00	Opt	140.00	☺	85.00 - 120.00	40.00 - 155.00
Ferritin		20.00	LO	15.00	☺	30.00 - 218.00	22.00 - 322.00
Total Cholesterol		180.00	hi	182.00	☺	140.00 - 170.00	100.00 - 199.00
Triglyceride		173.00	HI	167.00	☹	80.00 - 115.00	10.00 - 149.00
HDL Cholesterol		40.00	Opt	41.00		39.00 - 120.00	36.00 - 140.00
VLDL Cholesterol		35.00	hi	33.00	☹	5.00 - 20.00	4.00 - 40.00
LDL Cholesterol		105.00	HI	108.00	☺	50.00 - 75.00	6.00 - 99.00
Total Cholesterol / HDL Ratio		4.50	hi	4.40	☹	0.00 - 4.00	0.00 - 5.00
TSH		2.25	Opt	1.23		1.00 - 2.50	0.35 - 5.50
T4 Thyroxine		8.70	Opt	13.00	☺	7.10 - 9.00	4.50 - 12.00
T3 Uptake		31.00	Opt	26.00	☺	29.00 - 35.00	24.00 - 39.00
T7 Free Thyroxine Index (FTI)		2.70	Opt	3.40		2.61 - 3.60	1.20 - 4.90
CRP C-Reactive Protein		2.10	hi	1.80	☹	0.00 - 1.50	0.00 - 4.90
White Blood Count		6.70	Opt	6.20		5.00 - 8.00	4.00 - 10.50
Red Blood Count		4.41	lo	4.55	☹	4.50 - 5.50	4.10 - 5.60
Hemoglobin		14.10	Opt	14.50		13.30 - 15.20	11.50 - 17.00
Hematocrit		41.50	Opt	42.10		39.50 - 47.00	34.00 - 50.00
MCV		94.00	Opt	93.00		85.00 - 97.00	80.00 - 98.00
MCH		32.00	Opt	31.90		28.10 - 32.00	27.00 - 34.00
MCHC		34.00	Opt	34.40	☺	33.00 - 34.00	32.00 - 36.00
RDW		13.30	Opt	13.30		11.10 - 14.50	11.00 - 15.00
Platelets		278.00	hi	313.00	☺	175.00 - 250.00	140.00 - 415.00
Polys/Neutrophils (SEGS-PMNS)		62.00	Opt	63.00		55.00 - 65.00	40.00 - 74.00
Lymphocytes		26.00	Opt	28.00		25.00 - 40.00	14.00 - 46.00
Monocytes		8.00	hi	6.00	☹	5.00 - 7.00	4.00 - 13.00
Eosinophils		3.00	Opt	2.00		0.00 - 4.10	0.00 - 7.00
Basophils		1.00	Opt	1.00		0.00 - 2.00	0.00 - 3.00
Neutrophils/Polys (Absolute)		4.20	Opt	3.90		3.80 - 5.80	1.80 - 7.80
Lymphs (Absolute)		1.70	lo	1.70	☹	2.00 - 3.20	0.70 - 4.50
Monocytes (Absolute)		0.50	Opt	0.40	☺	0.40 - 0.70	0.10 - 1.00
Eosinophils (Absolute)		0.20	Opt	0.10		0.00 - 0.20	0.00 - 0.40
Basophils (Absolute)		0.10	Opt	0.10		0.00 - 0.10	0.00 - 0.20
ESR-Erythrocyte Sed Rate, Westerg		4.00	Opt	3.00		0.00 - 6.00	0.00 - 20.00
Vitamin D 25-Hydroxy		36.50	lo	33.30	☺	50.00 - 90.00	32.00 - 100.00
Carbon Dioxide (CO2)						20.90 - 26.00	17.00 - 30.00
Folates (Folic Acid), Serum						5.40 - 25.00	3.40 - 30.00
Vitamin B12		1,957.00	HI	1,168.00	☹	422.00 - 800.00	211.00 - 911.00
Vitamin B1. Plasma		26.00	HI	17.00	☹	8.00 - 16.00	4.00 - 20.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

Based on her blood testing and relapsing digestive symptoms, I asked her to pursue a parasite cleanse. Typically with parasites, patients will drop weight, not gain, but with the emerging anemia, unknown reasons for B12 deficiency, and chronic mildly elevated monocytes, this was a possibility worth investigating.

The chelation therapy was working well. Levels of Lead and Mercury were significantly lower with this urinary chelation challenge as well as Nickel and Arsenic. The fewer toxins in the body, the more nutrients can focus on the healing and repair of cells.

## Results of 2nd Urinary Chelation Challenge:

Test Description	Date:	Current Result	Current Rating	Prior Result	Delta	Healthy	Clinical
Agent	02/26/2009	DMSA		11/10/2008			
<b>Toxic Elements</b>							
Aluminum (UA)		0.00	Opt	0.00		0- 13.00	13.01- 35.00
Antimony (UA)		0.00	Opt	0.00		0- 0.50	0.51- 1.00
Arsenic (UA)		18.00	Opt	39.00		0- 70.00	70.01- 130.00
Lead (UA)		6.60	HI	16.00	😊	0- 4.00	4.01- 5.00
Mercury (UA)		3.10	hi	5.40	😊	0- 2.00	2.01- 4.00
Nickel (UA)		1.70	Opt	2.20		0- 6.00	6.01- 12.00

Blue = clinically very high or clinically very low

Red = clinically high or clinically low

Yellow = a little high or a little low; this can be considered a warning sign that the value is not optimal.

**04-25-09** – The patient just completed a 21-day parasite cleanse program and since day 5 when she passed her first tapeworm she has been 100% symptom free. Many other parasites and segments have passed out of her system since then. She had at least 3 types of tapeworms and believes she has likely had them wrecking her system since her teens. She will continue with weekly parasite cleanse maintenance to be sure they are gone and take supplements targeted at aiding digestion to help rebuild damage done to her intestines.

**06-20-09** – Now that the parasites are out of her system we will retest her to see what deficiencies and imbalances appear in the body and work to rebuild nutrient levels and detox her body. She is still 100% digestive symptom free, has no light sensitivity, fever is gone, has no more hormone problems and says:

*"I'm looking forward to finally healing up from the devastating effects of having so many parasites for so long. Thank goodness I was such a healthy eater all those years! I was pumping so many nutrients in there that I was able to keep slightly ahead of those pesky critters until there were just too many to keep up! I am SO grateful you thought to do that parasite cleanse. It is wonderful to have 80% of my life back. Now if I can get off restricted activity (because of my pulled hip flexor muscle and hemorrhaging) I am looking forward to being able to resume exercise and hopefully lose some of the weight the parasites caused me to pack on."*

---

## Dr. Merkle's Final Thoughts:

Most of us think of our bodies and homes as clean, sanitary places where parasites cannot survive or thrive, but recent studies found that 85% of U.S. adults have at least one form of intestinal or organ parasites living in their bodies. Tapeworms can be contracted from eating insufficiently cooked meats (especially beef, pork and fish), drinking unfiltered water, eating unwashed fruit/vegetables grown in contaminated soil or irrigated with contaminated water, or insufficiently washing hands after touching things possibly contaminated by stool – diapers, pets, litter boxes, etc.

Tapeworms in humans are true survivalists having both male and female gonads and are capable of producing their own parasitic worm eggs - sometimes more than 1,000,000 eggs a day. Many of these eggs are expelled in the stool, but others hatch with the worms capable of growing up to 30 feet in your intestines and surviving for 30 years! Their survival is enhanced by the industrial nature of our country. A few decades ago, the eggs and larvae of these parasites would just pass through, but today with the high levels of chemicals and solvents in our environment these parasites can establish themselves in our bodies completing their life cycle with just one host – starting as eggs, then larvae, growing all the way into adult worms.

Typically, patients with parasites suffer from diarrhea, hunger pains, appetite loss, weight loss and anemia. Tape worms attach themselves to the intestinal walls causing irritation and inflammation leading to gas, bloating and malabsorption of vital nutrients, particularly fatty substances. The situation can be magnified when hard-to-digest foods such as beans and raw fruits and vegetables are eaten. By living in the intestines, they also get 'first choice' of any nutrients fed to your system. You are their nutritional delicacy. These nasty fiends can also cause liver damage by secreting toxins. The more worms in your body, the more toxic build-up and waste excretions they produce. This increases stress on your liver which is called upon to process and expel the excess toxins from the body.

This patient had non-classic symptoms actually gaining weight even though she was eating less. She likely had so many worms that they were taking all the nutrients provided and leaving her with nothing but water weight and substandard nutrition. By doing comprehensive testing, we were clued in that this might be a possibility with the decreased B-12/anemia, chronic slightly elevated monocytes (an indicator of long-term parasitic invasion), abdominal/GI distress, elevated liver enzymes and severe nutritional deficiencies. Without all this diagnostic testing, the true cause of her problem would likely have been missed yet again.

Research has shown that parasites are particularly susceptible to a variety of herbs which are lethal only to these organisms. Cloves, pumpkin seeds, wormwood and black walnut are all poisonous to the adult worm. Cycles must be maintained however to ensure that any larvae and eggs are killed off as well. This can be a lengthy process, but as you can see, symptoms can begin to ease immediately once the parasite is addressed.

-Dr. Van D. Merkle

This case report showcases a real patient's results using the Science Based Nutrition™ system of analysis, which takes into account hundreds of numeric data and their roles, combinations and inter-relationships as related to disease diagnosis. This patient is/was under the care of Dr. Van D. Merkle, creator and founder of Science Based Nutrition™, Inc. and is meant to serve as an example of results achieved using the Science Based Nutrition™ report. Contact your local health professional and ask him/her to provide you with the Science Based Nutrition™ report. Results will vary based on patient ability/willingness to follow the recommended nutritional protocols, among many other factors. Any suggested nutritional advice or dietary advice is not intended as a primary treatment and/or therapy for any disease or particular bodily symptom. Nutritional counseling, vitamin recommendations, nutritional advice, and the adjunctive schedule of nutrition is provided solely to upgrade the quality of foods in the patient's diet in order to supply good nutrition supporting the physiological and biomechanical process of the human body.