

Based.0 Parasite Cleanse

Research Summary

This document highlights scientific studies in the treatment of various soil-transmitted helminth (STH - parasitic worm) species. These studies were referenced in the creation of a parasite cleanse protocol.

Three medications are examined in this summary: Albendazole, Mebendazole, and Ivermectin. The medicines display differing levels of efficacy against individual STH species as well as in terms of both cure rate (CR) and egg reduction rates (ERR).

It is suggested to repeat the protocol one time after 14 days because this increases the chance of eliminating parasites not destroyed while in the egg phase in the first round. The protocol can be repeated every four-six months if necessary.

Potential Risks

There is some risk of liver toxicity with Albendazole. Aside from that, the medications seem to be reported as safe to use. (See disclaimer.) There do not seem to be complications reported from taking the medicines together.

Disclaimer

Always consult with a medical professional. This document, the aforementioned Parasite Cleanse, and any works in relation to this document do not constitute medical advice. All works are for educational purposes only.

Sourcing Medicines

For assistance in sources, contact basedpoint0@gmail.com

Support

If you would like to support this work, visit spiritworldu.com/basedpoint0

Parasite Cleanse

ALBENDAZOLE

400MG 1X/DAY - FOR THREE DAYS

MEBENDAZOLE

500MG 1X/DAY - FOR THREE DAYS

IVERMECTIN

.2MG/KG BODYWEIGHT 1X - ONE DAY ONLY

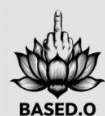
take medications with last full meal of the day
repeat protocol once after 14 days

follow [@basedpoint0](#) for revolutionary health tips

free pdf of scientific studies used for this protocol:

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Sources

Failoc-Rojas et al., 2023 <https://pmc.ncbi.nlm.nih.gov/articles/PMC10507222>

Husin et al., 2022 <https://oamjms.eu/index.php/mjms/article/view/8588>

Chai et al., 2021

<https://pmc.ncbi.nlm.nih.gov/articles/PMC8255490/#:~:text=Albendazole%20was%20evaluated%20to%20be.%25%20in%20CR%20%5B51%5D>

Palmeirim et al., 2018 <https://www.sciencedirect.com/science/article/pii/S2589537018300051>

Steinmann et al., 2011 <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0025003>

Muchiri et al., 2007 <https://www.jstor.org/stable/3285061>

Nontasut et al., 2000 https://www.tm.mahidol.ac.th/seameo/2000_31_3/08-2539.pdf (*Waikagul and Setasuban studies included here)

Albonico et al., 1994 <https://www.sciencedirect.com/science/article/abs/pii/0035920394901740>

Bartoloni et al., 1993 <https://pubmed.ncbi.nlm.nih.gov/8362451>

Albendazole and Mebendazole Parasite Cure Rates (CR)

	<u>1 day</u>	<u>3 days (consecutive)</u>
Husin et al., 2022		
(<i>Ascaris</i> CR)		
Albendazole (dosage not shown)	88%	—
Mebendazole (dosage not shown)	31%	—
(<i>Trichuris</i> CR)		
Albendazole (dosage not shown)	62%	—
Mebendazole (dosage not shown)	66%	—
Palmeirim et al., 2018		
(hookworm CR)		
Mebendazole 500mg	—	13%
Mebendazole 100mg 2x/day	—	98%
(<i>Ascaris</i> CR)		
Mebendazole 500mg	—	100%
Mebendazole 100mg 2x/day	—	98%
(<i>Trichuris</i> CR)		
Mebendazole 500mg	—	7%
Mebendazole 100mg 2x/day	—	43%
Steinmann et al., 2011		
(hookworm CR)		
Albendazole 400mg	69%	92%
Mebendazole 500mg	31%	59%
(<i>Ascaris</i> CR)		

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Albendazole 400mg	96%	97%
Mebendazole 500mg	93%	93%
(<i>Trichuris</i> CR)		
Albendazole 400mg	34%	56%
Mebendazole 500mg	38%	71%
(<i>Taenia</i> CR)		
Albendazole 400mg	50%	100%
Mebendazole 500mg	50%	100%

Muchiri et al., 2001

(hookworm CR)

Albendazole 600mg	92%	—	1 protocol
Mebendazole 600mg	50%	—	2 protocols/year
Mebendazole 600mg	55%	—	3 protocols/year
(<i>Ascaris</i> CR)			
Albendazole 600mg	84%	—	1 protocol
Mebendazole 600mg	80%	—	2 protocols/year
Mebendazole 600mg	98%	—	3 protocols/year
(<i>Trichuris</i> CR)			
Albendazole 600mg	68%	—	1 protocol
Mebendazole 600mg	61%	—	2 protocols/year
Mebendazole 600mg	68%	—	3 protocols/year

Nontasut et al., 2000 (*Trichuris* CR)

Mebendazole 500mg	—	94%
Mebendazole 100mg 2x/day	—	89%

Waikagul et al., 1994* (*Trichuris* CR)

Albendazole 400mg	30%	40%
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Setasuban et al., 1993* (for *Trichuris*)

Albendazole 400mg	77%	92%
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Albonico et al., 1994

(hookworm CR)

Albendazole 400mg	57%	—
Mebendazole 500mg	22%	—
(<i>Ascaris</i> CR)		
Albendazole 400mg	99%	—
Mebendazole 500mg	98%	—
(<i>Trichuris</i> CR)		
Albendazole 400mg	11%	—
Mebendazole 500mg	14%	—

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Bartoloni *et al.*, 1993

(hookworm CR)

Albendazole 400mg 81% —

Mebendazole 400mg 17% —

(*Ascaris* CR)

Albendazole 400mg 100% —

Mebendazole 400mg 100% —

(*Trichuris* CR)

Albendazole 400mg 33% —

Mebendazole 400mg 60% —

Parasite Egg Reduction Rates (ERR)

Palmeirim *et al.*, 2018

(hookworm ERR)

Mebendazole 500mg — 68%

Mebendazole 100mg 2x/day — 100%

(*Ascaris* ERR)

Mebendazole 500mg — 100%

Mebendazole 100mg 2x/day — 100%

(*Trichuris* ERR)

Mebendazole 500mg — 72%

Mebendazole 100mg 2x/day — 98%

Steinmann *et al.*, 2011

(hookworm ERR)

Albendazole 400mg 97% 99%

Mebendazole 500mg 84% 96%

(for *Ascaris* ERR)

Albendazole 400mg 100% 100%

Mebendazole 500mg 100% 100%

(*Trichuris* ERR)

Albendazole 400mg 77% 94%

Mebendazole 500mg 83% 97%

Muchiri *et al.*, 2001

(hookworm ERR)

Albendazole 600mg 97% — 1 protocol

Mebendazole 600mg 66% — 2 protocols/year

Mebendazole 600mg 85% — 3 protocols/year

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Nontasut et al., 2000 (*Trichuris* ERR)

Mebendazole 500mg	—	95%
Mebendazole 100mg 2x/day	—	93%

Albonico et al., 1994
(hookworm ERR)

Albendazole 400mg	98%	—
Mebendazole 500mg	82%	—

(*Ascaris* ERR)

Albendazole 400mg	97%	—
Mebendazole 500mg	99%	—

(*Trichuris* ERR)

Albendazole 400mg	73%	—
Mebendazole 500mg	82%	—

Bartoloni et al., 1993

(*Ascaris* ERR)

Albendazole 400mg	93%	—
Mebendazole 400mg	62%	—

(*Trichuris* ERR)

Albendazole 400mg	46%	—
Mebendazole 400mg	15%	—

Ivermectin

Failoc-Rojas et al., 2023

Ivermectin (.15-.2mg/kg) dosage

Chai et al., 2021

Ivermectin is superior in the treating of *Strongyloides* and *Onchocerca*

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Further reading

Antiparasitic activity of **Ivermectin**: Four decades of research into a “wonder drug” (2023): <https://www.sciencedirect.com/science/article/pii/S022352342300805X>

Ivermectin, ‘Wonder drug,’ from Japan: the human use perspective (2011):
<https://pmc.ncbi.nlm.nih.gov/articles/PMC3043740>

Ivermectin as an antiparasitic agent for use in humans (1991):
<https://www.annualreviews.org/docserver/fulltext/micro/45/1/annurev.mi.45.100191.002305.pdf?expires=1739532163&id=id&accname=guest&checksum=8BF462CACB0885793EA6D991CF45A545>

For treating specific parasites with **Albendazole**:
https://reference.medscape.com/drug/albenza-albendazole-342648?_gl=1*5qmb25*_gcl_au*OTA2MzI4OTEzLjE3Mzk1MjI4NjQ.

For treating specific parasites with **Menbendazole**:
<https://reference.medscape.com/drug/emverm-vermox-mebendazole-342658#0>

For treating specific parasites, including non-FDA approved treatments (for Capillariasis, Cestodes, Filariasis) with **Menbendazole**: Thakur & Patel, 2023:
<https://www.ncbi.nlm.nih.gov/books/NBK557705>