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Sharkman's Protocol. An introduction.

FAQ's

Q: What is the Sharkman Protocol?

A: The Sharkman Protocol is a broad-spectrum anti-parasite regimen. The Sharkman protocol is very broad spectrum and designed to address most known or unknown complicated parasitic infections. It treats bacteria, fungi, protozoa, nematodes of the toughest kind, some tapeworms (Taenia), giardiasis, filaria, lung flukes, skin mites, the coinfection known as Morgellons, Lyme Disease has been proven to hide in parasites and Lyme disease sufferers can see improvements in health as well, and even anthrax, etc.

Q: How did the Sharkman protocol come to be?

A: Vinnie a.k.a. "Sharkman" survived a hyper infection of strongyloidiasis with the help of his mother, a licensed farm veterinarian. After being told he had a slim chance of survival by the doctors of the Mayo Clinic. Under the supervision of the doctors of the Mayo Clinic, his mother designed a treatment using scientifically tested antiparasitic medications based on how she would treat any other infected living creature with that condition using her veterinarian knowledge.

Sharkman is a wonderful person who is nice enough to share this knowledge with others in the hope that they get well like he was able to do. This protocol has now been utilized by hundreds of people to eliminate parasite infections which the Medical community had said there was no hope of treating.

Q: What medications do I take on the Sharkman Protocol?

A: Fenbendazole, Ivermectin, Doxycycline are the primary meds during induction. Moxidectin is used during the maintenance stage.

Mebendazole, and to a lesser degree, Thiambendazole, or Albendazole can be used in place of Fenbendazole. Fenbendazole is the easiest to tolerate for long term use followed by Mebendazole. Thiamebendazole and Albendazole produce harsh side effects when using for the long term and are not ideal replacements for Fenbendazole.

Amoxicillin can be taken by children or sensitive adults in place of Doxycycline. Bactrim and other "cyclines" can also be taken by adults in place of Doxycycline.

The ideal medications are Fenbendazole, Doxycycline Ivermectin and during maintenance stage Moxidectin. The alternatives listed are for use when allergy or other negative reactions occur from the primary medications and should not be considered perfect supplements.

Q: Can I get a script for the medications?

A: The Sharkman protocol is NOT an FDA approved treatment protocol, therefore no doctor will prescribe it.

Unfortunately, the medical establishment does not have proper knowledge surrounding parasitic infections. Virtually every person on the planet is host to a variety of parasites. Many people erroneously associate parasite infection symptoms with other ailments. The tests that doctors utilize to discover parasite infections in humans are unreliable, and the established treatment regimens do not last long enough to clear the infection because parasites have multiple life phases and cycles.

This is why this could be called a veterinary protocol. Although the medications that are used contain the same active ingredients as those your doctor could prescribe if they wanted to as the compounds are identical to those found in human meds. These medications used in Sharkmans are even safer in some cases (eg. fenbendazole vs. albendazole), tend to be less expensive, and can be obtained without prescription from a large number of online vendors or farm supply stores.

Q: What is the schedule and dosage for taking the Medications?

A:

You will want to stay on each stage of the protocol a minimum of 1 month. This is to allow time for your body to clear the parasites before moving on to deeper cleaning. This makes it easier for your body to remove toxins and for the dormant parasites to emerge. But for many people it can take longer for each stage. For people who have larger parasite populations it takes longer because your body has more to clear. In those cases a person can stay on each level 4 months or longer.

1. (Stage 1 Sharkmans) Fenbendazole 10mg per kg of body weight once per day during the 5 days around the full moon and 5 days around the new moon. Start 2 days before new and full moon. Take with largest, fattiest meal of day for 5 days with day 3 falling on the new and full moon. Roughly 40 grams of fat are recommended for max absorption. 40 grams of fat is about 2.75 tablespoons.

During Stage 2 and stage 3 of Sharkmans Fenbendazole raises to 10mg per kg of body weight twice a day, then 15mg per kg of body weight twice a day respectively.

2. Ivermectin 200mcg (MICROGRAMS NOT MILLIGRAMS) per kg of body weight on empty stomach. 1-2-3 days on, 1 day off in between the Fenbendazole days. Best at night before bed on an empty stomach.

*Have 1 day off between Fenbendazole/Mebendazole and Ivermectin dosing.

3. Doxycycline 100mg twice daily continuously for first month. You can then either continue taking doxycycline 100mg twice daily, indefinitely, or lower to 50mg twice daily, or 100mg twice daily for one

week on, one week off, or two weeks on and two weeks off. This is after the first month. It is important to take doxy at recommended level the first month.

If you have been infected for a long time, or have a hyper-infection, you may consider staying on the 100mg twice daily longer to prolong the benefits of doxycycline against bacteria and keeping reproduction and food processing by the parasites in check.

Keep Ivermectin and Fenbendazole at room temperature. You can refrigerate when not taking. Do this for 6 months. In 6 months, we stop Ivermectin and start Moxidectin.

Continue reading for a more information regarding the 4 stages of Sharkmans protocol.

The Sharkman protocol is divided into stages. With each stage you increase the dosage of fenbendazole building up to transition into the maintenance stage which uses moxidectin.

The stages are called:

“1”

“2”

“3”

“4”

“5”- Maintenance

Stage 1

This is the introduction stage. During this stage you will learn about how the lunar calendar affects parasite load and activity levels in your body. You begin taking Fenbendazole, Ivermectin and Doxycycline according to the schedule laid out in the Introduction paper.

Once you have been on Protocol stage 1 you will reach a point where you are no longer experiencing herxing reactions and feel little to no side effects from taking the medications. For many people this occurs somewhere between 1-3 months although it can take longer. You need to be your own guide for how you feel. Do not rush this part, you are in a marathon not a sprint. Once you feel little herxing then you may be ready to move on to stage 2.

Stage 2

In stage 2 your goal is to go after the parasites that are hiding out deeper in your tissue and encysted. This is done by increasing the amount of fenbendazole you take as well as adding a small amount of

praziquantel into the mix. Praziquantel is a widely used antiparasitic medication that works by paralyzing parasites causing them to be eliminated.

Your goal in this stage is to work up to taking 10mg/kg of fenbendazole twice a day and adding a little praziquantel to your ivermectin on specific days during the ivermectin week.

Do not increase fenbendazole and add praziquantel simultaneously. You want to make the change during the week in which you experience less herxing. You can start either by increasing fenbendazole or adding praziquantel, the choice is based on your own specific symptoms.

When working up to 10mg/kg fenbendazole twice a day you might find that is causing you too much herxing reaction. Try taking a step back and going slower. You might do 7mg/kg twice a day for a couple rounds and work up to 10mg/kg. How quickly you advance varies per individual and is based on your level of herxing.

Praziquantel can be found from a variety of online sources. Fish praziquantel comes in convenient packages and is the same chemical found in human praziquantel. Equimax horse paste contains both ivermectin and praziquantel at the proper dose. Zimectin horse paste has about half the dosage of praziquantel in it as equimax has. This may be used and be more tolerable as a substitute for when your herxing becomes difficult to manage as you add the praziquantel.

Stage 3

In this stage you increase your dose of fenben to 15mg/kg twice a day for 5 days around the new and full moons according to the calendar. Continue with ivermectin and praziquantel according to schedule set in stage 2.

Stage 4

Once you have been on stage 3 at least a month and your symptoms are now low you might be ready to move on to moxidectin stage. If it took you longer to progress through each stage this stage might come even 1 year after you began the protocol. In this stage you introduce moxidectin which is a powerful antiparasitic medication. You stop taking ivermectin when you do this. While transitioning to this a decrease in fenbendazole is also sometimes needed. Moxidectin has a 28-35 day half life so it should not be taken more than once a month. It should also be taken on specific days each month based on its peak effectiveness and interactions with other antiparasitics.

Stage 5 – Maintenance

During this stage you continue to take antiparasitic medications for life. An annual rotation based on taking specific antiparasitic medications every few months. But daily medication use is no longer needed.

Note Different manufacturers produce products that are of different strengths. You will need to do the math to convert each manufacturers product to the dosage recommended for the protocol.

Q: What is each one for?

A:

Fenbendazole/Mebendazole works in tissues against larvae/juveniles.

Ivermectin works in blood and against adults.

Doxycycline's use in the treatment kills bacteria including that the parasites bring with them, and also leave behind when they die off. It also stops females from laying eggs by killing the Wolbachia bacteria in their reproductive tubules leaving adult female nematodes sterile. Since nematodes don't have livers, the bacteria is essential for nematode digestion, and without their bacteria, they starve.

Amoxicillin can be taken in place of Doxycycline in sensitive adults and children under age 10. Alternatively, Bactrim or other "cyclines" can also be taken by adults.

Moxidectin

You can begin taking Moxidectin in place of Ivermectin in the maintenance stage of Sharkmans protocol. When you begin Moxidectin it is consumed according to body weight once every 28 days. This is because the half life of Moxidectin is approximately 28-35 days.

Moxidectin is a very potent antiparasitic medication and should never be used without going through the early stages of Sharkmans. If you have a high parasite load and you take moxidectin it can cause the parasites to die off too quickly potentially leaving your body in septic shock or severe herxing. This is a serious medical condition that results from your body being overwhelmed with dead parasites debris and bacteria.

Many who are with high parasite loads will need to wait longer than 6 month or 1 year to start the maintenance stage. This may seem like a long time but remember you have probably been infected for much longer. Parasites have evolved over millions of years and can adapt and survive many short term treatments.

Together, these medications stop most/all of the life cycles of most parasites.

Interactions and precautions:

Ivermectin: wb.md/2B4LLBe

Doxycycline: wb.md/2BmbgT2

Fenbendazole: bit.ly/2BMZoss

Q: Where do I buy the meds?

A: In the U.S.- Amazon, Valleyvet.com or other reputable vet supplier such as Tractor Supply, etc. are good sources for the Ivermectin, Moxidectin and Fenbendazole.

Fenbendazole can be found in the form of Safeguard Goat Dewormer liquid.

Ivermectin in the form of Horse Paste Wormer called Duramectin 1.87% paste. Also, injectable ivermectin can be consumed orally.

Fish antibiotics like Doxycycline can be found online from a variety of sources including KraftDrug.com. Prepper communities can attest to many different places to buy and the fact that the active ingredients in fish antibiotics are identical to the human antibiotics, just different packaging.

Mebendazole and other drugs that ship worldwide.

<https://www.alldaychemist.com> is reputable and ships worldwide.

Q: What can I expect when on the protocol?

A: Depending on your parasite load, starting the protocol can be painful. It will likely get worse before it gets better. Expect some kind of “herx” reaction. The parasites will likely become more active as they are being drawn out and killed. Also, when the adults die, it cues some eggs to hatch and some encysted to come out, thereby, making everything feel “louder” the first few months. With time, the symptoms will progressively reduce after each cycle. Hang in there!

Q: What is “herx/herxing” and what does it look like?

A: Symptoms include, but are not limited to:

- Nausea
- Headache, fatigue, dizziness
- Swollen glands
- Bloating, gas, constipation or diarrhea
- Increased joint or muscle pain
- Elevated heart rate
- Chills, cold feeling in your extremities
- Body itchiness, hives or rashes
- Sweating
- Fever
- Skin breakouts
- Recurring vaginal, prostate and sinus infections
- Swollen sinuses
- Body temperature issues - running hot then cold
- Insomnia or excessive sleepiness
- General inflammation

Jarisch-Herxheimer Reaction and is often referred to informally as herx or herxing.

Herxing is believed to occur when injured or dead bacteria release their endotoxins into the blood and tissues faster than the body can comfortably handle it. This provokes a sudden and exaggerated inflammatory response.

The symptoms of Die-Off are sometimes compared to those of a common cold or seasonal allergies, but can be quite different from person to person. The toxic byproducts left behind tend to cause inflammation, which can lead to a stuffy nose, blocked sinuses, and other allergy-like symptoms. Metabolites like the neurotoxin acetaldehyde can also cause symptoms like brain fog, headaches, fatigue, and nausea. Remember that these toxins are stressing your liver too, so having a sore abdomen (especially in the liver region) is also possible.

Q: How can herxing be managed?

A: Take a liver-supportive supplement like molybdenum or milk thistle to help your liver process and expel the toxins.

Molybdenum in particular is very useful for those suffering from Die-Off. It is needed for your body to produce enzymes that convert the neurotoxin acetaldehyde into acetic acid, which is then expelled by your body or even converted into helpful digestive enzymes.

Reduce or add in your dosage of probiotics.

A course of good probiotics will repopulate your gut, crowd out the Candida, and other unfriendly bacteria, restore your stomach acidity, and boost your immune system.

Increase water intake to flush out the toxins faster.

If you want to feel better, all those byproducts that are released need to leave your body. You can give them a push by drinking more water. Water with lemon is good, too.

Slow down and rest as much as possible.

Stress can weaken your adrenals and reduce your body's ability to fight pathogens, and a Die-Off reaction will only increase the physiological and emotional stress that you are facing. Relaxing and taking some personal time will help your immune system to do what it was designed to do.

Try some alternative detox methods like skin brushing, saunas, Epsom salts baths, or contrast showers.

Most of these treatments are designed to increase your circulatory and lymphatic systems, which aids in expelling toxins.

Take at least 1000 mg of Vitamin C twice daily.

This multi-purpose vitamin boosts your adrenals and helps restore your immune system to health.

When the intraphagocytic bacteria are killed by the immune system, the cells they lived in also die (apoptosis). That's your cells. As the immune system tries to clear up this cellular debris, it releases a host of inflammatory molecules which, along with the toxins released by the bacteria, viruses, fungus etc, cause a rise in symptoms. It does get better.

Q: Where did all this bacteria, and fungus come from?

A: Bacterial and fungal infections occur in cases of parasitic infection. They often occur in greater numbers in cases of hyperinfection because of the leakage of gut flora from a bowel damaged by moving larvae.

The enteric bacteria are also carried by invasive L3 strongyloid and other filarial larvae on their outer surfaces. If extreme, this can result in septicemia, pneumonia, meningitis, and disseminated bacterial or fungal infection in many parts of the body, including organs, eyes, ears, throat, nose, joints, etc. Massive secondary bacterial infections are frequently the immediate cause of death in patients with hyperinfection.

Q: How long should I stay on the protocol?

A: This varies by individual and is based on the source of the parasite infection. Some parasites can be cleared in as little as 3 months. Flukes can take 6 months. Strongyloides can take up to 3 years.

By the time you realize that you have a problem, you likely have multiple generations and many layers of symbiotic parasites and their Biofilm and waste, and also because no med kills the millions of eggs in your system, you have to wait for the hatchlings to come forth to effectively kill them. Clearing the eggs from your system takes patience and perseverance. If you have strongyloides or some other nematodes, it can take 2 - 3 years to eliminate encysted eggs.

There are many people already doing this protocol. If you have any questions about it make a post and ask in the Human Parasites Support Network group and hopefully someone can provide you with an answer.