

COULD YEAST BE YOUR PROBLEM? ©2008

Leon Chaitow ND DO

www.leonchaitow.com

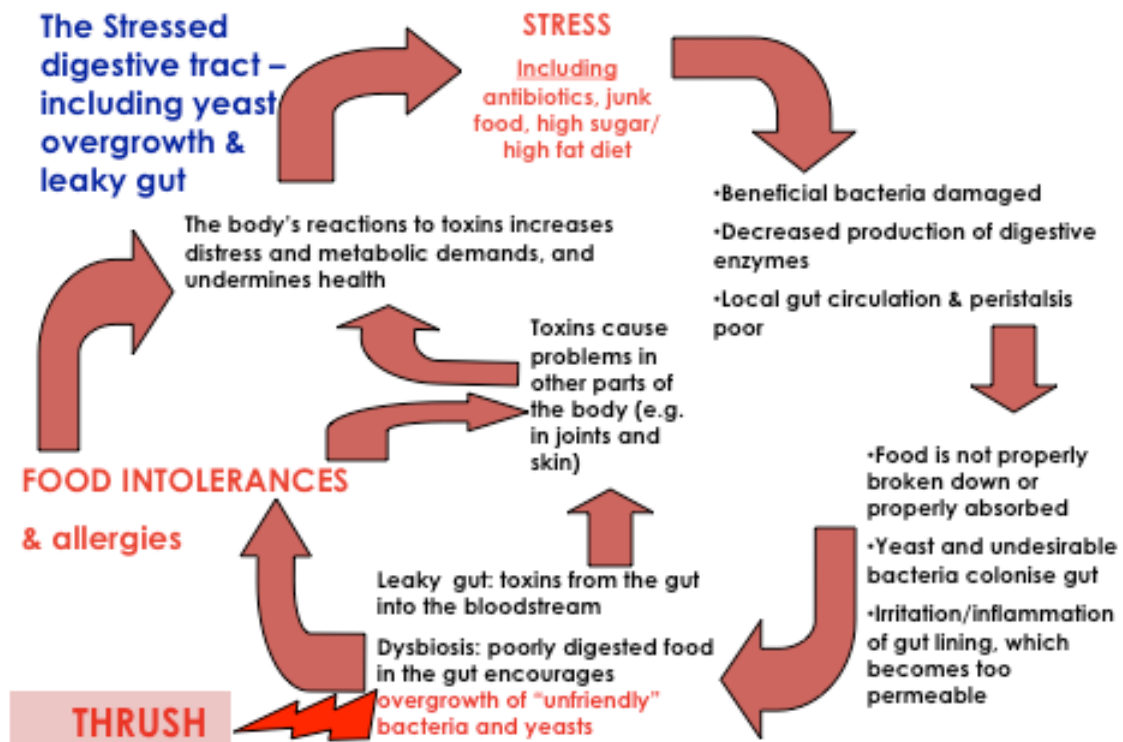
In the early-1990s a survey of thousands of people with chronic muscular pain and/or chronic fatigue reported that nearly 90% (men & women) had yeast infections, and that the vast majority had records of recurrent antibiotic use (for sinus, acne, prostate, urinary tract and chest infections in the main):

- 70% of the women with chronic muscular pain and/or fatigue had been on the contraceptive pill for 3 years or more
- 63% reported a sugar craving. (Fibromyalgia Network Newsletters 1990–94)

The use of antibiotics and steroid medication (including the contraceptive pill) can lead to the spread in the intestinal tract and the body generally of yeasts which are normally controlled by 'friendly' bacteria that are damaged by this medication (Shulman 2006, Chaitow 2003)

The main yeast engaged in such activity is *Candida albicans*, best known for causing thrush.

Candida is dangerous because of its ability to turn from a simple yeast into an aggressive mycelial fungus, which puts down 'rootlets' (rhizomes) into the mucous membrane of the intestinal tract, so permitting undesirable toxins to move from the gut into the bloodstream, with the strong possibility of allergic and toxic reactions taking place (Truss 1982).



Among the many symptoms which have been catalogued in people affected in this way are a range of digestive symptoms (bloating, swings from diarrhoea to constipation and back), urinary tract infections, menstrual disturbances, fatigue, muscle aches, emotional disturbances, 'foggy brain' symptoms and skin problems. The frequency with which such symptoms are suffered by people with 'yeast overgrowth' is enormous. Laboratory tests include stool analysis as well as a sugar loading test, which assesses blood alcohol levels before and after the sugar intake. This is because yeast – and some bacteria – can turn sugar into alcohol rapidly in the intestines (Mori & Ando 2005).

Three month anti-candida strategy (Chaitow 2003)

- Antifungal medication (or herbs), as advised by a qualified practitioner (i.e. appropriately trained medical doctor, naturopath, nutritionist, dietitian).
- To encourage repopulation of intestinal flora: between meals (three times daily) a high quality acidophilus and bifidobacteria (powder or capsule form – see *probiotic/prebiotic* notes in a separate downloadable file); either a capsule of each, or between a quarter and a whole teaspoon of powdered versions of each, should be taken, for the first 6 to 8 weeks, reducing thereafter to a maintenance dose.
- General nutritional support is useful: a well formulated, hypoallergenic, multivitamin/multimineral to provide at least the recommended daily allowance for the major nutrients is suggested.
- Diet should be largely yeast-free and low in sugar

Dietary suggestions for candida (Ulbricht & Basch 2005)

- Eat three small main meals daily – ensuring low-fat protein intake is relatively high (no sugar-rich food).
- Include in the diet as much ginger, cinnamon and garlic (as well as other aromatic herbs such as oregano) as possible, as these are all antifungal and most also aid digestive processes.
- Avoid all refined sugars and for the first 4 weeks avoid very sweet fruit as well (melon, sweet grapes).
- Eat vegetables (either cooked or raw), pulses (bean family), fish, poultry (avoid skin), whole grains, seeds, nuts (fresh), and after the first 4 weeks, fruit (but not dried because of high fungal levels and concentration of sugars).
- To assist with bowel function take at least a tablespoonful of linseed, swallowed unchewed with water, to provide a soft fibre.
- Avoid aged cheeses, dried fruits (because of their fungal and mould content) and any food obviously derived from or containing yeast (in case of sensitization due to 'leaky gut – see diagram).
- Avoid caffeine-containing drinks and foods (coffee, tea, chocolate, cola) as these produce a sugar release which encourages yeast activity.

- Avoid alcohol.

CAUTIONS: You may feel off colour for the first week of such a programme as yeast 'die-off' (Herxheimer's reaction) takes place.

This will pass on its own; however, anyone with a severe and longstanding yeast problem might consider supplementing with high doses of probiotics for a week or so before starting the anti-candida programme to reduce the intensity of the die-off reaction.

Increased thrush activity (if this is already a problem) may be noticed after starting the diet; this will usually calm down after a few days.

The process of recovery from yeast overgrowth (candidiasis) can be slow (seldom less than 3 months and usually 6 months or more, of strict adherence to the diet and nutrient/herbal protocol) and many setbacks are commonly experienced, especially if you attempt to return to your 'normal' eating pattern. You may need the advice and support of a suitably trained health care provider in the early stages, as the process can be draining. (Hollier & Workowski 2003)

Local treatment

- 1 Mix 1 rounded teaspoon of *L. acidophilus* with 2 tablespoons of plain regular yogurt (not low or non-fat).
- Insert vaginally or rectally before bedtime - as needed.

Douche and/or Pessaries

- Mix 1 teaspoon of *L. acidophilus* in warm water. Stir briskly and let stand for at least 5 minutes. Stir again. Use as a douche each morning for 10 days.
- Use diluted tea tree oil (15% solution) directly onto irritated areas; or place 10 drops of pure tea tree oil into warm bath.
- Or use Tea Tree or Probiotic pessaries. Follow package instructions.

References

- Chaitow L 2003 *Candida albicans*. Thorsons/HarperCollins, London
- Fibromyalgia Network 1993-94 May 1993, Compendium, July 1993, January 1994
- Hollier L Workowski K 2003 Treatment of sexually transmitted diseases in women *Obstetrics and Gynecology Clinics of North America* 30(4): 751-775
- Mori T Ando J 2005 Diagnostic tests: Candidiasis (candidosis) *Nippon rinsho. Japanese journal of clinical medicine* 63(Suppl 7):241-243
- Shulman L 2006 Women's health: 1 year on *Women's Health* 2(4): 499-500
- Truss C O 1982 *The missing diagnosis*. Missing Diagnosis Inc, Birmingham, Alabama
- Ulbricht C Basch E 2005 *Natural Standard Herb & Supplement Reference*. Mosby, St.Louis