

Candidiasis

It is estimated that at least one-third of all North Americans (possibly including all cancer, AIDS and severe allergy victims) suffer from this condition.

Symptomatology:

Candidiasis can present a wide variety of symptoms; the exact combination and severity depend upon the individual case. Because Candidiasis can manifest itself through so many seemingly unrelated symptoms, diagnosis is very often missed. The symptoms are usually chronic and include but are not limited to the following:

- 1. Allergies:** to foods and/or airborne chemicals, especially if these are acquired in adulthood. The number of offending substances keeps increasing until many individuals become so sensitive to the everyday environment that they must live in isolation.
- 2. Fatigue:** continual, but often more noticeable after eating.
- 3. Gastrointestinal:** poor digestion (constipation or diarrhea, gas, bloating, cramps, heartburn, nausea, gastritis, colitis, etc.)
- 4. Neurological:** carbohydrate cravings, irritability, mood swings, headaches, migraines, "fogged-in" feeling, inability to concentrate/mind "wanders off", poor memory, confusion, dizziness, M.S.-like symptoms (slurred speech, loss of muscle co-ordination, vision affected), depression and/or anxiety without apparent cause (often worse after eating), paranoia, without apparent cause, not in total control of ones' actions (know right thing to do but unable to execute), mental incompetence (sometimes leading to institutionalization), a variety of other behavioral disturbances.
- 5. Genito-urinary:** vaginal infections, menstrual difficulties, impotence, infertility, prostatitis, rectal itch, urinary tract infection/inflammation (urgency, burning).
- 6. Respiratory:** resistance problems (catches anything going - flues, colds), hay fever, mucous congestion, postnatal drip, asthma, bronchitis, chest pain, frequent clearing of throat, habitual coughing (usually non-productive) that will not respond to anything, sore throat, earaches.

7. Skin: athlete's foot, jock itch, skin rash, hives, dry brownish patches, psoriasis, ringworm, rough skin on sides of arms which gets worse at certain times of the month or under increased stress.

8. Above symptoms resists all modes of therapy. Regular M.D. usually concludes that patient is a hypochondriac and/or neurotic and suggests anything from tranquilizers to psychiatric help.

9. Clinical history (early childhood): CNS -hyperactivity, aggressiveness, SKIN - cradle cap, diaper rash, thrush, RESP.-chronic ear infection, tonsillitis, GI-colic.

10. Miscellaneous: feel bad all over, cold extremities, arthritis-like symptoms, white coating on tongue upon arising (non-fasting state), and standard blood parameters between normal limits. IMPORTANT: Not all individuals presenting some combination of the above symptoms will have a Candida problem - but the likelihood of it is immense.

Etiology:

Soon after birth, the microorganism *Candida albicans* is normally found in the intestinal tract of healthy individuals in its yeast-like "friendly" form. However, under certain conditions, *Candida* may be encouraged to change its structure and metabolism to the "unfriendly" fungal form. This entity is composed of a mycelium—a mass of filaments or long root—like structures, which are able to PENETRATE into tissues. Because of its INVASIVE quality, the mycelia form must be eradicated if treatment is to be successful.

Predisposing Factors:

Predisposing factors that stimulate *Candida* to greatly increase in number and change to the hostile, invasive form are:

1. Destruction of the *C. albicans* natural control mechanism: Wide-spectrum antibiotics (e.g. tetracycline) destroy the healthful bacteria, which control the *Candida* population. For example, *Lactobacillus acidophilus* competes with *C. albicans* for space and nutrients in the intestinal tract. It also releases acid, which makes the environment less favorable for *Candida* growth; and even feeds off of the *Candida* directly. When antibiotics attack *Lactobacillus acidophilus*, *Candida* proliferates and can change to its pathogenic mycelial form. After prolonged (several months or more) or frequent (more than 3 times in a year) wide-spectrum antibiotic use, *Candidiasis* symptoms may start to appear in a matter of months or even days and often linger for life if untreated, especially if one regularly consumes poultry, eggs, meats and/or milk since these usually contain antibiotics

(and steroids, see (2) directly below). Chemical preservatives in food also support Candida overgrowth.

2. Weakening of host defense mechanisms: A number of factors can compromise the effectiveness of the human immune system that is responsible for eradicating invaders such as Candida. Lowered immunity may result from steroid drugs and contain cancer chemotherapeutic agents, both of which are immunosuppressant. Prolonged illness, stress (all forms), alcohol abuse, smoking, lack of exercise, lack of rest and poor nutrition are also key factors which tend to weaken the immune system.

3. Female sex: Females are somewhat more susceptible to Candidiasis than males for several reasons:

a. The female hormonal levels are constantly fluctuating and are subject to malfunction from a variety of causes. Sustained high levels of estrogen can occur. This condition tends to impair immune system function.

b. *C. albicans* growth is stimulated by the female hormone progesterone. Its levels are elevated during pregnancy and in the second half of each menstrual cycle. Synthetic progestins are found in oral contraceptives.

c. The female anatomy lends itself to the ready migration of *C. albicans* from the rectum to the genito-urinary system. Vaginal yeast infections are a common result.

4. Establishing a breeding ground for Candida with the host: The anti-nutrient, low bulk, high refined carbohydrate diets of most North Americans will, over period of years, transform a healthy large intestine into a lifeless pipe caked with layers of encrusted fecal matter -the site of constant putrefaction, fermentation, rancidification, home for toxin producing pathogenic bacteria; and an excellent environment for the proliferation of the mycelial tentacles of Candida. (The high-refined carbohydrate diet also serves as a very desirable food for *C. albicans*, which further entrenches it within the microscopic crevices of encrusted fecal matter.) The small intestine, housing a more fluid chyme, does not become so caked with old fecal matter as it does with mucus. This also encourages Candida proliferation.

Pathology:

The intestine mycelial filaments produce disease affecting the entire system in a number of ways:

Penetration of Candida filaments from within the intestinal cavity through the intestinal wall destroys the integrity of the membrane system.

This allows for severe leaks of TOXINS from activity of undesirable microorganisms within the layers of mucus/encrusted (fecal matter coating the intestinal walls) into the bloodstream causing a variety of symptoms and aggravating many pre-existing conditions. Under the anaerobic conditions within the putrid coating of the intestinal wall, Candida itself will produce number of toxic elements by fermenting refined carbohydrates, lactose and other sugars. One poison so produced is acetaldehyde, which is known to inactivate enzymes leading to a variety of disease manifestations.

Absorption of incompletely digested dietary proteins. These are very high antigenic and may produce a large spectrum of ALLERGIC REACTIONS. Food allergies are a very common symptom of Candidiasis. Environmental hypersensitivity's (e.g. smoke, auto exhaust, natural gas, perfume, air pollutants) may also occur, and are probably due to Candida filaments infiltrating lung and sinus membranes.

Penetration of Candida filaments through the intestinal wall can also lead to the introduction of Candida itself into the bloodstream. From here, it has access to all body tissues and may produce various gland/organ dysfunction's (as in lungs, above) and weakening of the entire system thereby lowering resistance to other diseases.

Prognosis

With effective treatment, a myriad of symptoms will often improve or disappear altogether. Allergies and fatigue are good examples. Treatment lasts anywhere from 1 to 12 months. Many people, however, must continue therapy on a maintenance dose for extended periods, or even life, due to a previous irreversible damage to their immune and other systems.