Candida Yeast Recovery Protocol

Many healthy people have some Candida in their gastrointestinal tract. However, the condition of chronic candidiasis occurs when there is an overgrowth of this usually benign yeast or fungus in the gastrointestinal tract. In such a case, this can be troublesome causing hormone imbalances, mal-absorption and neurological stress.

Self-care for chronic candidiasis can be approached in a number of ways—but it can be hard to know just where to start. To make it easier, our doctors recommend trying these simple steps first:

- Get a doctor’s opinion
- Tests can help you make sure your symptoms are not the result of another health problem
- Eat foods low in refined carbs and sugars
- White flour, refined sugars, and fruit juices may help yeast grow in the intestine, so cut them out of your diet
- Avoid eating yeast and mold
- Avoid cigarette smoke, smoked meats or smoked foods of all kinds
- Eliminate foods produced with yeast and foods that may contain mold to reduce possible reactions due to sensitivities
- Try some beneficial bacteria
- Take a supplement that contains 10 billion colony-forming units a day of acidophilus or bifidobacteria to control yeast in the intestine
- Check out antifungal supplements
- To reduce yeast in the intestine, try caprylic acid (1,500 mg a day), garlic (5,000 mcg a day of allicin potential in an enteric-coated supplement), or oregano oil (0.2 to 0.4 ml a day of a coated supplement)
- Get colonic irrigations to neutralize active yeast, remove fermentation products and recolonize the bowel with friendly acidophilus and bifidus bacteria.

These recommendations are not comprehensive and are not intended to replace the advice of your doctor or pharmacist. Continue reading the full chronic candidiasis article for more in-depth, fully-referenced information on medicines, vitamins, herbs, and dietary and lifestyle changes that may be helpful.

About chronic candidiasis

An overgrowth in the gastrointestinal tract of the usually benign yeast (or fungus) Candida albicans has been suggested as the origin of a complex medical syndrome called chronic candidiasis, or yeast syndrome.
Purported symptoms of chronic candidiasis are fatigue, allergies, immune system malfunction, depression, chemical sensitivities, and digestive disturbances.\textsuperscript{3,4} Conventional medical authorities do acknowledge the existence of a chronic Candida infection that affects the whole body and is sometimes called “chronic disseminated candidiasis.”\textsuperscript{5} However, this universally accepted disease is both uncommon, and decidedly more narrow in scope, than the so-called Yeast Syndrome—a condition believed by some to be quite common, particularly in people with a history of long-term antibiotic use. The term “chronic candidiasis” as used in this article refers to the as yet unproven Yeast Syndrome.

Checklist for Chronic Candidiasis

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Reliable and relatively consistent scientific data showing a substantial health benefit.

Contradictory, insufficient, or preliminary studies suggesting a health benefit or minimal health benefit.

For an herb, supported by traditional use but minimal or no scientific evidence. For a supplement, little scientific support and/or minimal health benefit.

What are the symptoms of chronic candidiasis?

Symptoms attributed to chronic candidiasis include abdominal pain, constipation, diarrhea, gas, bloating, belching, indigestion, heartburn, recurrent vaginal yeast infections, nasal congestion, sinus problems, bad breath skin rashes, allergies, chemical sensitivities, rectal itching, muscle aches, cold hands and feet, fatigue, depression, irritability, difficulty concentrating, headaches, sugar cravings and dizziness.

Medical treatments
Chronic candidiasis is not a conventionally recognized medical condition, so no prescription drug treatment is standard. Treatment of chronic disseminated candidiasis usually consists of oral antifungal medications, such as nystatin (Mycostatin®), ketoconazole (Nizoral®), fluconazole (Diflucan®), and itraconazole (Sporanox®).

**Dietary changes that may be helpful**

Based on their clinical experience and on very preliminary research, several doctors have suggested that certain dietary factors may promote the overgrowth of *Candida albicans*. The most important of these factors are high intakes of sugar, milk, and other dairy products; foods with a high content of yeast or mold (e.g., alcoholic beverages, cheeses, dried fruits, and peanuts); and foods to which individual patients are allergic. However, few clinical trials have investigated whether these dietary factors affect people with conditions for which Candida is the causative agent.

One study compared levels of various sugars in urine of healthy women with levels found in women with chronic vaginal Candida infections. Urine sugar levels correlated with dietary intakes of sugar, dairy, and artificial sweeteners. Among women who reduced their intake of sugar, 90% reported no vaginal yeast infections during the following year. These researchers reported a “dramatic reduction” in the incidence and severity of vaginitis caused by Candida as a result of reducing intake of dairy, sugar, and artificial sweeteners.

Many apparently healthy people have some Candida in their gastrointestinal tract. In one trial, high-sugar diets given to healthy people had mixed effects on the concentration of Candida found in their stool, though some subjects did show an increase in Candida after eating more sugar. These preliminary reports suggest, but do not prove, that diet might affect the ability of Candida to infect the body.

Yogurt that contains *Lactobacillus acidophilus* has been reported to have a therapeutic effect in women with vaginal infections caused by Candida.

**Nutritional supplements that may be helpful**

*Lactobacillus acidophilus* products are often used by people with candidiasis in an attempt to re-establish proper intestinal flora. Acidophilus produces natural factors that prevent the overgrowth of the yeast. Although there are no human trials, supplementation of acidophilus to immune-deficient mice infected with *C. albicans* produced positive effects on immune function and reduced the number of Candida colonies. The typical amount of acidophilus taken as a supplement is 1–10 billion live bacteria daily. Amounts exceeding this may induce mild gastrointestinal disturbances, while smaller amounts may not be able to sufficiently colonize the gastrointestinal tract.

Preliminary research from the 1940s and 1950s indicated that caprylic acid (a naturally occurring fatty acid) was an effective antifungal compound against Candida infections of the intestines. Doctors sometimes recommend amounts of 500 to 1,000 mg three times a day.

It is unknown if taking pancreatic enzymes or betaine HCl (hydrochloric acid) tablets is beneficial for chronic candidiasis. Nonetheless, some doctors recommend improving digestive...
secretions with these agents. Hydrochloric-acid secretion from the stomach, pancreatic enzymes, and bile all inhibit the overgrowth of Candida and prevent its penetration into the absorptive surfaces of the small intestine. Decreased secretion of any of these important digestive components can lead to overgrowth of Candida in the gastrointestinal tract. Consult a physician for more information.

In theory, the use of any effective anti-yeast therapy could result in what is referred to as the Herxheimer or “die-off” reaction. The effective killing of the yeast organism can result in absorption of large quantities of yeast toxins, cell particles, and antigens. The Herxheimer reaction refers to a worsening of symptoms as a result of this die-off. Although this reaction has not been reported following use of any of the nutritional or herbal anti-Candida agents, the likelihood of experiencing this reaction can be minimized by starting any anti-yeast medications or nutritional supplements slowly, in lower amounts, and gradually increasing the amounts over one month to achieve full therapeutic intake.

Are there any side effects or interactions? Refer to the individual supplement for information about any side effects or interactions.

Candidosis describes a group of yeastlike fungal infections involving the skin and mucous membranes. Infection is caused by Candida species, typically, Candida albicans.

By tradition, the most commonly used classification of oral candidosis divides the infection into 4 types including (1) acute pseudomembranous candidosis (thrush), (2) acute atrophic (erythematous) candidosis, (3) chronic hyperplastic candidosis, and (4) chronic atrophic (erythematous) candidosis.

Chronic hyperplastic candidosis was further subdivided into 4 groups based on localization patterns and endocrine involvement including (1) chronic oral candidosis (candidal leukoplakia), (2) endocrine candidosis syndrome, (3) chronic localized mucocutaneous candidosis, and (4) chronic diffuse candidosis.

Thrush (acute pseudomembranous candidiasis) is the term used for the multiple white-fleck appearance of acute candidiasis, which purportedly resembles the appearance of the bird with the same name.

Erythematous candidosis is the term used for the red lesions of candidiasis.

Pathophysiology: *C albi cans* is the predominant causal organism of most candidosis. Other species, including Candida krusei, have appeared in persons who are severely immunocompromised. Candida glabrata is an emerging cause of oropharyngeal candidosis in patients receiving radiation for head and neck cancer. In patients with HIV infection, new species, such as Candida dubliniensis and Candida inconspicua, have been recognized.

* C albi cans * is a harmless commensal organism inhabiting the mouths of almost 50% of the population; however, under suitable circumstances, it can become an opportunistic pathogen. A suitable circumstance may be a disturbance in the oral flora or a decrease in the immune defenses.
Acute pseudomembranous candidosis (thrush)

Thrush may be observed in healthy neonates or in persons in whom antibiotics, corticosteroids, or xerostomia disturb the oral microflora. Oropharyngeal thrush occasionally complicates the use of corticosteroid inhalers. Immune defects, especially HIV infection, immunosuppressive treatment, leukemias, lymphomas, cancer, and diabetes, may predispose patients to candidal infection.

Erythematous candidosis

Erythematous candidosis may cause a sore red mouth, especially of the tongue, in patients taking broad-spectrum antimicrobials. It also may be a feature of HIV disease. Median rhomboid glossitis is a red patch occurring in the middle of the dorsum in the posterior area of the anterior two thirds of the tongue and especially is observed in smokers and in those with HIV disease.

Chronic mucocutaneous candidosis

Chronic mucocutaneous candidosis (CMC) describes a group of rare syndromes, which sometimes include a definable immune defect, in which persistent mucocutaneous candidosis responds poorly to topical treatment. Generally, the more severe the candidosis, the greater the likelihood that immunologic defects (particularly of cell-mediated immunity) can be identified. Recent studies suggest a defect in cytokine (interleukin 2 and interferon-γ) production in response to candidal and some bacterial antigens, with reduced TH1 lymphocyte function and enhanced TH2 activity (and increased interleukin 6), and reduced serum levels of immunoglobulin G2 and immunoglobulin G4.

Frequency:

- **In the US**: Candidosis is common in groups at risk, such as patients who are immunocompromised. Frequency of infection is rising, primarily because of HIV infection and both the increase in candidal species other than *C. albicans* and the resistance to antifungals.
- **Internationally**: Candidosis is common in groups at risk, such as patients who are immunocompromised.

Mortality/Morbidity: Candidosis may predispose individuals to esophageal spread.

Sex: Candidosis is reported equally in males and females worldwide, except in areas where males with HIV infection outnumber females.

Age: Candidosis predominantly occurs in middle-aged or older persons; however, in those with HIV infection, candidal infection primarily occurs in the third and fourth decades.
Herbs that may be helpful

Garlic has demonstrated significant antifungal activity against *C. albicans* in both animal and test tube studies.\(^1\)\(^\text{17}\)\(^\text{18}\)\(^\text{19}\) Greater anti-Candida activity has resulted from exposing Candida to garlic, than to nystatin—the most common prescription drug used to fight Candida.\(^\text{20}\) No clinical studies of garlic in the treatment of candidiasis have yet been conducted. However, some doctors suggest an intake equal to approximately one clove (4 grams) of fresh garlic per day; this would equal consumption of a garlic tablet that provides a total allicin potential of 4,000 to 5,000 mcg.

Volatile oils from oregano, thyme, peppermint, tea tree, and rosemary have all demonstrated antifungal action in test tube studies.\(^\text{21}\) A recent study compared the anti-Candida effect of oregano oil to that of caprylic acid.\(^\text{22}\) The results indicated that oregano oil is over 100 times more potent than caprylic acid, against Candida. Since the volatile oils are quickly absorbed and associated with inducing heartburn, they must be taken in coated capsules, so they do not break down in the stomach but instead are delivered to the small and large intestine. This process is known as “enteric coating.” Some doctors recommend using 0.2 to 0.4 ml of enteric-coated peppermint and/or oregano oil supplements three times per day 20 minutes before meals. However, none of these volatile oils has been studied for their anti-Candida effect in humans.

Berberine is an alkaloid found in various plants, including goldenseal, barberry, Oregon grape, and goldthread. Berberine exhibits a broad spectrum of antibiotic activity in test-tube, animal, and human studies.\(^\text{23}\)\(^\text{24}\) Berberine has shown effective antidiarrheal activity in a number of diarrheal diseases,\(^\text{25}\)\(^\text{26}\)\(^\text{27}\) and it may offer the same type of relief for the diarrhea seen in patients with chronic candidiasis. Doctors familiar with the use of berberine-containing herbs sometimes recommend taking 2 to 4 grams of the dried root (or bark) or 250 to 500 mg of an herbal extract three times a day. While isolated berberine has been studied, none of these herbs has been studied in humans with chronic candidiasis.

The fresh-pressed juice of *Echinacea purpurea* has been shown to be helpful in preventing recurrence of vaginal yeast infections in a double-blind trial; it may have similar benefit in Yeast Syndrome.\(^\text{28}\) The typical recommendation for this effect is 2 to 4 ml of fluid extract daily.

Are there any side effects or interactions? Refer to the individual herb for information about any side effects or interactions.

References:


