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THE PSORIASIS PROGRAM

The Psoriasis and Gut Connection



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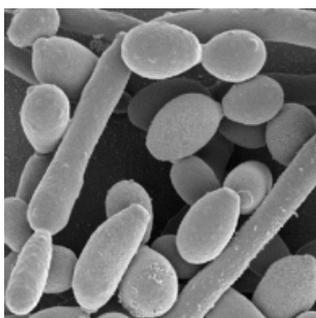
The Psoriasis And Candida Connection

Is there a link between the two? There are reports that suggest the connection was made as far back as the late 1940's. Many experts who treat patients with candida yeast infections have noticed that the incidence of candida is particularly high in those who have psoriasis.

A link between candida albicans and psoriasis is also noted in a study¹ made by Waldman. The results of his 201 studies supported the theory that candida albicans is in fact one of the prime substances that triggers the persistence as well as aggravation of psoriasis in patients.

The purpose of this booklet is to explain what candida is, how to recognize it and understand that there is a strong connection between candida yeast infection and psoriasis. If you can recognize the signs and symptoms of candida and you have psoriasis, you will want to resolve your yeast infection as much as possible in your conquest to become (and more importantly remain) psoriasis free.

What Is Candida Albicans?



Candida albicans is a type of yeast like fungus that inhabits the intestines of over 90% of people as well as the genital tract and mouth of the host. In women the condition migrates readily from the large intestine to the vagina.

Candida is microscopic yeast in a sub-group of fungi or moulds. And moulds are truly everywhere; these bugs live in and on the soil, on all plants, in the air and in fact thrive on all living creatures' great and small. You may be familiar to fungi as the green "fur" which you occasionally see on a piece of mouldy cheese, bread or fruit. Moulds and yeasts spread and reproduce by releasing many millions of microscopic spores into the atmosphere, they literally float on air and eventually settle on a surface and if the conditions are favourable enough, the spore will grow into another mold plant.

Many people think of candida yeast infections as a woman's problem, affecting only the vagina. This is incorrect, in fact candida can affect women, men and

children equally, and the main area this little yeast will inhabit is the digestive tract. A yeast infection can manifest in many different ways in or on a person's body and can result in jock itch, athlete's foot, dandruff, vaginal discharge, irritable bowel syndrome, a heavily coated tongue, and colic and thrush in infants. Chapter 3 will expand on the long list of potential signs and symptoms associated with a yeast infection.

Yeast Infections Are Common Place

You and I have candida living on our skin and they thrive on all the mucous membrane surfaces lining all body cavities. While we all have bugs like bacteria and yeasts growing in and on our bodies, we all have our own particular blend of bacteria and yeasts which live in harmony with each other without causing the least discomfort or disease. But like any eco system, when the natural balance becomes disturbed the resulting effects may range from being minor and trivial to widespread and catastrophic.

Until not all that long ago, only a very few doctors would even find it conceivable to consider candidiasis (*candida albicans*) as a possible diagnosis when they were confronted with a patient complaining of many and varied signs and symptoms. This is certainly no longer true today, and there have been countless books written on candida since the 1980's by both medical and non-medical health care professionals.

Until fairly recently, Candida's most common manifestation, vaginal thrush, discharge or irritation which plagues so many women, was brushed off by many doctors as a purely "trivial women's ailment" and treated locally with a cream and an applicator, often unsuccessfully. I have given up counting how many women I have seen in exactly this situation, they have just been offered local treatment only to find that the condition resurfaces down the track, time and again, and again, and yet again.

Similarly, we see men in the clinic who presented to their doctor with jock itch; a groin rash or athlete's foot only to be offered local treatment once again. And yes, the recurrence rate for these male complaints is as high as it is for the women's manifestations of candida. And after awhile, many simply give up on treatment.

When you visit your health-care professional with a yeast-related health problem, be sure to ask that if they interested primarily in treating your symptoms or are also interested in looking deeper into the case for the cause. Is the treatment going to make you healthy and strong and prevent further problems, or is the treatment primarily about reducing the symptoms, and keeping you reliant on medications?

Is the antibiotic, antifungal drug or cream going to fix your problem and prevent further problems and recurrences, or is it a medication you will require on/off for years? Secondly, ask the physician to actually treat you and *not the disease*. It's your choice, you decide what is right for you, and if you are smart you will want to treat the cause.

Candida – The Great Contributor

Candida may also contribute significantly to the underlying cause of a number of medical conditions as diverse as premenstrual tension, irritable bowel syndrome, asthma, eczema, psoriasis, urticaria (itchy skin/hives), epilepsy, schizophrenia, multiple sclerosis, adrenal fatigue, hypothyroidism, hypoglycemia (low-blood sugar levels), ileocaecal valve dysfunction (pain in the lower gut on the right side), and childhood hyperactivity (common). The role and specificity of candida in some of these conditions is discussed below under the headings male, women and children.

Now let's look at these symptoms in a little more detail. The symptoms listed occur with digestive and systemic candidiasis, they are not all found at the same time in each and every person, but candida patients may have experienced one or several.

In medicine, symptoms and illnesses are grouped together according to the organ or system affected. This suits medicine, because then the patient can be sent to the appropriate specialist to solve the presenting problem associated with his or her specialty. This is not how we work as natural therapists however, we prefer to treat the cause and treat the whole person, not just their affected part.

The candida toxins can affect just about all cells of all organs and systems of a person's body thereby causing any or all the symptoms listed below. I have grouped them together in categories simply for your convenience:

Mental, Emotional and Visual Symptoms (Central Nervous System)

- Alterations or disturbances of smell, taste, sight or hearing.
- Blurry vision, spots before the eyes.
- Eyes: erratic vision, spots in front of eyes (eye floaters) and flashing lights off to the side of vision, redness, dryness, itching, excessive tearing, inability to tear, etc. Many and varied eye/visual symptoms can be present.
- Feeling of swelling and tingling in the head, brain fog.
- Loss of self-confidence or self-esteem.
- Irritable person who can have a very short fuse, impatient.
- Nervousness, jitteriness and panic attacks.
- Poor concentration
- Headaches – dull, background headaches
- Earaches and especially the sensation of having itchy ears.
- Confusion
- Mood swings
- Dizziness and feelings of being light-headed.
- Drowsiness, especially when inappropriate.
- Numbness, tingling or weakness. This can be the tongue, hands or feet.
- Poor memory – especially short term.
- Hyperactivity – especially with children.
- Agitated, feelings of mania.
- Crying or emotional spells.

- Depression, especially the week before a period in women.
- Feeling of "cotton wool" in the head.
- Feelings of "unreal" or spaced out.
- Feeling of being drunk or inebriated.
- Feeling stoned or "out of it".

Gastro-Intestinal Symptoms

- Bloating or abdominal distention, needs to loosen the waistband regularly.
 - Flatus and lots of gas. This is a KEY symptom, especially with bloating.
 - Indigestion, easy after meals. Foods can upset the digestion easily.
 - Heartburn, some foods can be real triggers, and you may know them well.
 - Abdominal pain. You may have one particular spot that raises concern.
 - Persistent diarrhea or constipation or alternating bouts of each.
 - Mucus in stools.
 - Hemorrhoids with rectal itching.
 - Peri-anal itching, around or in the anus.
 - Burning tongue, tongue symptoms are common with many.
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- Appetite can be affected; a person may feel a low-grade nausea.
 - Cravings or addictions for sugar, bread, pasta and other high carb foods, and also particularly alcohol in the forms of wine and beer or fruits.
 - Mouth sores or blisters, canker sores, dryness, bad breath, a white or yellow coating on the tongue in the middle or back. Oral thrush.
 - Blocked salivary glands and even recurring stones in the submandibular or parotid glands I have seen associated with a few chronic candida cases.
 - Stomach complaints: helicobacter pylori bacteria (causes 90%+ of stomach ulcers), heartburn, indigestion, hiatus hernia, acid reflux, belching, vomiting, burning, stomach pains, needle-like or sharp, darting pains, food that seems to sit in the stomach like a lump. Any fullness after meals that is not related to hypochlorhydria (an underactive stomach).
 - Person is suffering from recurring bacteria gut infections, i.e. salmonella, E. coli, h. pylori, etc.

Genito - Urinary Symptoms

- **Kidney & Bladder:** infections, especially when recurring, cystitis (inflammation of the bladder with possible infection), urinary frequency or urgency, low urine output, smelly or consistently strange colored urine, difficulty urinating, and burning pain when urinating.
- **Male** associated urinary/sexual problems: jock itch, loss of sex drive, impotence, prostatitis, penis infections, difficulty urinating, urinary frequency or urgency, painful intercourse, swollen scrotum, etc. Is the male a beer drinker? Suspect candida if he is and drinks beer regularly and complains of prostatitis, itchy skin, burping, bloating, and other symptoms listed here.
- **Female** associated urinary/sexual problems: infertility, vaginitis, vaginal thrush or irritations, unusual odors, napkin staining, endometriosis (irregular or painful menstruation), cramps, menstrual bleeding or irregularities, pre-menstrual syndrome (PMS – especially cravings for sweet, hydration and depression two to three days before period),

discharge, painful intercourse, loss of sexual drive, redness or swelling of the vulva and surrounding area, vulvodynia (pain), vaginal itching, burning or redness, or any persistent infections.

- Fluid retention, puffiness around the body.
- Cystitis – burning on urination is a very common symptom, especially if recurring in male, female or child.
- Bed-wetting

Skin and Nail Symptoms

I have seen many and varied skin rashes, itches and strange, unexplained patches. Many of these patients were diagnosed with skin conditions with weird names by a dermatologist and were prescribed a cream to cure the complaint. I've often wondered how applying a cream or lotion can supposedly "cure" a chronic skin complaint. In homeopathy you learn that these types of topical treatments lead to disease suppression, i.e.; they drive the illness deeper into the body. With effective treatment down the track, this condition is pushed to the surface, and it is not uncommon for me to see the return of old symptoms with successful treatment. To the enlightened person it is obvious that you won't cure a skin complaint without treating the underlying cause.

Here are some of the more common manifestations of skin and nail related symptoms:

- Jock itch, groin infection in men.
- Oral candidiasis, oral thrush.
- Dryness, red or white skin patches.
- Chronic or recurring mouth ulcers.
- Intertrigo - skin fold problems (under breasts for example) and related skin irritations.
- Athlete's foot, or tinea pedis (red, itchy feet and toes).
- Nail problems - discoloration / brittle, thickening nails.
- Itchy scalp and dandruff.
- Red, scaly eyelids
- **Psoriasis, I treat all psoriasis cases for candida first.**
- Seborrhea
- Contact dermatitis, I treat ALL dermatitis cases for candida first.
- Acne rosacea and vulgaris. Many acne cases respond well to dysbiosis control.
- Babies: colic, diaper rash, thrush (coated white tongue), and cradle cap.
- ANY fungal infections of the skin or nails, i.e. ringworm, seborrheic dermatitis, dark and light patches on the skin (tinea versicolor), etc.
- Odors: of the feet, hair or body that are not relieved by washing or deodorants. Several patients over the years have come back 12 – 18 months after treatment and commented on how they "don't smell that bad

anymore” from the armpits and body in general. Do you have a strange odor you can't seem to wash away? Then suspect a candida overgrowth.

Musculo-Skeletal Symptoms

This category is more difficult to determine and also very commonly overlooked. Most health-care professionals will never think about candida when it comes to aches and pains involving their muscles, nerves, bones, and connective tissue. I have found that the key areas affected in people include the upper back, the sides of the neck and also the shoulders. Many people may mistakenly believe that they are suffering from stress or overwork, when in fact candida toxins could be implicated. Just exactly how candida affects the muscles and connective tissues is uncertain, but both Dr. Crook and Dr. Truss believed it is due to the buildup of aldehyde toxins and their metabolites causing both depletion as well as interfering with the uptake of minerals such as potassium, magnesium and possibly sodium. This could account for both muscle and nerve problems as these minerals are crucial for the proper functioning on the musculoskeletal system.

Truss was of the opinion that those with high levels of aldehyde could potentially develop problems with red blood cell membrane integrity. This can cause many issues, especially with blood flow to the extremities and through the muscles and may explain in part why some patients I see complain of cold hands and feet, numbness and tingling and cramps. If the body's microcirculation is affected and blood cannot travel freely through the body's smallest blood vessels, the capillaries, then many different symptoms may occur. The other issue is that nutrients and oxygen won't be sufficiently delivered to the muscles and waste products won't be carried away either, causing more problems. You would be surprised how common musculo-skeletal problems occur in those with candida, I have seen many over the years who have even been diagnosed with conditions named as arthritis which resolved once the yeast infection was cleared up. Most patients with autoimmune musculo-skeletal problem have an unresolved yeast infection, along with other parasites. People who have conditions like ankylosing spondylitis and mixed connective tissue diseases like scleroderma, myositis, systemic lupus erythematosus (SLE), rheumatoid arthritis, polymyositis, and dermatomyositis generally have a yeast infection. But why would this be so you ask? Because most will have been on a steroidal or NSAID drug for years and all too often end up with a dysfunctional digestive system as a consequence. These patients may have also been on an antibiotic over the years, and the antibiotic was prescribed after the person developed an infection because of the immune-suppression that occurred after having been on a steroid (immune suppressing drug) for many years. Talk about a can of worms being opened, it sounds more like the entire worm farm got knocked over to me. Isn't it amazing how a small problem can escalate into a major problem over the years?

Arthritis like pains which improve significantly with yeast infection treatment are common, and if you have been diagnosed with one of these diseases then I highly recommend you get tested for candida, and a stool test is one of the best ways.

- Muscle aches and pains, especially if unresponsive to other treatments.

- Painful sides of neck, upper back and shoulders.
- Heart problems, rapid pulse, pounding or irregular heart or palpitations.
- Joint pain, stiffness and swellings – both the small and large joints.
- Rheumatoid arthritis diagnosis, get tested for candida or dysbiosis first.
- Creaking of joints.
- Numbness, burning or tingling sensations in muscles.
- Lack of strength and co-ordination.
- Bruising easily.
- Cheekbone or forehead tenderness or pains.
- Cold hands or feet, low body temperature.

Ear, Nose, Throat and Respiratory Symptoms

- Persistent nasal congestion or stuffiness is a KEY symptom.
- Sinus inflammation, swelling and excessive mucus or infection.
- Flu-like symptoms, coughs (low-grade the will not go away, can be worse in warm, cold or stuffy environments) and recurring colds.
- Excessive mucus in the throat, nose and ear canals (ears “popping”), sinuses, bronchial tubes or lungs. This can be particularly worse after meals or on rising.
- Joint pain and swellings – both the small and large joints.
- Cheekbone or forehead tenderness or pains.
- Ringing in the ears, tinnitus, funny “fluttering” sounds in the ears, ear infections, swimmer’s ear, dryness, itchiness, ear pain, earaches, ear discharges, fluid in ears, deafness, abnormal and/or a continual wax build-up. I have discovered that there are many different ear and hearing problems associated with a candida infection.
- Sore throat, hoarse voice, constant tickle in the throat, laryngitis (loss of voice).

Other Signs and Symptoms of a Yeast Infection

- Hypoglycemia (low blood sugar), and diabetes. I always treat the diabetic for candida at some stage.
- Hypothyroidism, Wilson's Thyroid Syndrome, Hashimoto's disease, hyperthyroidism, erratic thyroid function, etc. The thyroid is very sensitive to the toxic by-products of systemic candida.
- Cysts and polyps, abnormal formation of, in different parts of the body, especially around the ears, neck, throat, and ovaries, and in the bladder, groin or scrotal region.
- Glands: swollen lymph nodes.
- Sleep: insomnia, waking up frequently, nightmares, restless sleep, etc.
- Sick all over feeling.
- Can feel like nobody understands you and why you feel so terrible in spite of all the doctor’s tests coming back as normal.
- Fatigue (chronic fatigue syndrome or Epstein Barr) or a feeling of being drained of energy, lethargy, drowsiness.

Recognizing Women, Men And Children With Yeast Infections

You will find many of the following points quite relevant in recognizing yeast infections in people. Some of these indications you will know, others you may not, but they can all greatly aid in the recognition of a yeast overgrowth whether you are a yeast infection patient yourself or a practitioner who treats people with candida related problems.

How to Recognize the Female Candida Patient

- The case history will tell you if you are dealing with a female who has candida or not. Has she had a **history of taking the oral contraceptive pill?**
- A mature woman with a **history of hormone replacement therapy** (estrogen therapy).
- Look for **the woman with persistent vaginal thrush**, especially if she has had her vaginal yeast infection treated with fluconazole or Monistat.
- If there has been a **history of re-current antibiotic use** before the onset of the digestive health problem, you can almost guarantee that this lady will have a yeast infection to some degree.
- Any woman with an **annoying, irritating whitish discharge**.
- A female who experiences **painful sex** or who avoids sex.
- Suspect any woman with **chronic polycystic ovarian syndrome or endometriosis**.
- Look for the female who has a **strong sweet or sugar craving**, careful questioning during the case taking will elicit this crucial information. **Does she crave chocolate, sweets or breads?**

- Don't just look for a craving or strong desire for chocolate, bread, candy or sweets, look for **the desire to consume orange juice, soda or fizzy drinks, dried fruits like dates, figs, sultanas or chewing gum, biscuits and a host of other foods high in sugars**.
- Look for **the woman who eats many pieces (3 or more) of fruit each day**. Fruit has plenty of sugar in it, especially oranges, grapes and dried fruits.
- **Women who love to drink wine**, especially if there has been a history of the oral contraceptive pill or antibiotics.

- **Women who love moldy foods like soft cheeses and sweet foods or drinks.**
- **Look for a woman who takes many kinds of dietary supplements** including probiotics, digestive enzymes and bowel products.
- Look for a history of **unresolved digestive problems**, particularly if this has been of long duration involving **many visits to doctors or naturopaths.**
- **Women whose partners suffer from yeast infections like jock-itch**, the problem gets passed from one to the other.
- **Ladies with toenail fungus**, suspect digestive yeast related problems as well, especially if the localized toenail problem is of long duration.
- **Poor motivation, depression and anxiety** or any one of many different disorders may develop in women who remain without a firm diagnosis for candida.

Men's Problems and Yeast Infections

In my clinical practice, about seventy five percent of patients presenting with yeast-infection related problems are women, yet guys develop yeast related problem as well. In fact, I suspect that there are a lot of men out there who have yeast infections yet do little about getting well.

I saw my father try to conquer his yeast problems for many years, and it was only after many years that he went to a doctor who prescribed him an antibiotic after finding nothing wrong with him. And this was in spite of several trips to the gastroenterologist where he was examined by way of an endoscopy and had a barium enema performed in addition to having every other test thrown at him. The diagnosis was that there was "no abnormal disease" and dad was prescribed yet more antibiotics.

This was in 1982, and unfortunately today almost thirty years on nothing much has changed, candida yeast infected patients are still diagnosed today by the mainstream doctors as having no abnormal disease if they present to their medical doctor with several yeast related signs and symptoms. So take heed, if you have done the rounds, consulted many different practitioners then I strongly urge you to consider candida treatment.

How To Recognize The Male Candida Patient:

- I carefully check the toenails and **see if there is any athlete's foot**, I find that men for some reason unknown more commonly complain of athlete's foot than women do. I will often check the hands and scalp carefully too, particularly if they are manual workers. Guys in general have a tendency to be less interested in hand and foot care and every male patient who I suspect of having a yeast infection will be asked to take his shoes and socks off – and what do I find? Athlete's foot.

- **Guys who adjust their groin region regularly**, just go to a bar and look around, especially where alcohol is served. Many men subconsciously touch their groin area and I'll bet that they are either oblivious to the fact that they have a yeast infection or are too embarrassed to seek any treatment.
- Many of the typical male candida patients I see are the blue-collar workers, or **working class men**. They typically enjoy a beer, rum and coke, bourbon, wine, etc., after work, a social drink at weekend and snack on sweet foods. They may not have the best of diets and when questioned carefully you will find that they **bloat, burp and have plenty of gas**.
- White-collar (office) workers also get yeast infections; many are **under stress and work long hours at the office**. They may drink alcohol as well and may not have the healthiest of diets with take-out meals occurring regularly. Some spend time with clients and conduct business over lunch, dinner or at conventions where alcohol is often served as well.
- Men with yeast infections are typically **the ones who consume lots of beer, bread and sweet foods**. **Guys who crave alcohol** in general are prime candidates for yeast infections.
- **Men who like sweet snacks or foods** – like candies, chocolates, licorice, etc. This may also be cookies, cakes or any sweet foods or drinks like soda drinks.
- **Men whose wives suffer from vaginal thrush** or yeast related problems, the problem gets passed from one to the other.
- Men who are typically troubled by recurrent digestive problems like **abdominal pains, diarrhea, constipation, bloating, heartburn and flatulence (gas)**.
- Men who have taken **recurrent courses of antibiotics** for prostatitis, acne, sinusitis or for other similar circumstances.
- **Psoriasis** – check to see here if the man has any other typical or not so typical signs and symptoms of candida. If a man comes to my clinic with psoriasis the first thing I check for are digestive problems and treat accordingly. There is research now strongly linking psoriasis with candida. Show me a person with chronic psoriasis who hasn't got serious dysbiosis and candida, you will hard pressed in finding one, I guarantee it.
- **Prostatitis** – I have seen time and again that the male's prostate problems often disappear entirely once his yeast infection has been thoroughly cleared, and you will find this too especially if you treat the cause of the yeast infection. Guys with prostatitis or urinary issues respond very well to candida treatment, treat aggressively, these cases can be especially hard to solve if compliance is poor, *are they beer drinkers?*
- **Poor motivation, depression and anxiety** or any one of many different disorders may develop in men (like my father) who remain without a firm diagnosis for candida. Low moods make it harder to bust a yeast infection, because various eating problems can be found in guys with self-esteem or mood issues, especially if they have a problem with their sex life and can't

perform when they would like to. Food, drink and sex are some of the biggest likes for the big boys, apart from sports, hunting, fishing and football or course.

Candida and the Immune System

Once in the bloodstream, candida acts as a typical allergen and is capable of creating typical various types of allergic reactions. There is no doubt, candida and allergies are commonly found together, and this is one of the major ways in which candida can cause many of the potential health complaints. You may want to read my booklet called *Psoriasis Stress And Immunity*; it will explain about the connection between stress and your immune system and is certainly worthy of a read.

Not everybody with candida has an allergy, though most candida patients I have seen have food and environmental allergies or sensitivities to some degree. You will often see food allergy test (ELISA blood test) results in candida patients revealing an allergy to one or even several foods. See my booklet called *Psoriasis And Functional Medicine Testing* for a good explanation. Allergic sensitivities to molds and fungi often develop in those with candida overgrowth in their intestines, and for this reason, some have reactions in damp or moldy environments.

For this reason also, a reaction to alcohol can be the result of both a candida infestation and an allergy to the yeasts used to ferment the alcohol particularly if wines, beers and ciders are being consumed. Alcohol is the most important thing to eliminate first from your diet, and it proves for most yeast sufferers also to be the most difficult. Many people with candida have a strong desire for it, but *alcohol must go, yeasty foods like breads need to be stopped* for a while and *sweet treats like chocolate and candies need to be stopped as well*. These food items encourage yeast proliferation that in turn will encourage immune dysfunction.

Do you react strongly to alcohol? Then candida alone is often the main culprit, especially if your psoriatic skin lesions or digestive system flares up within a day. This problem is often compounded by the other sugary and fermented foods you consume, such as breads, cheeses, yoghurts, commercial (cheap) vinegars and moldy foods like mushrooms, dried fruits and melons.

Most people know that drinking too much alcohol causes a hangover. But what about the many patients I have seen whom only drink small to moderate amounts and experience reactions the following day out of proportion to how much alcohol they consumed the previous day? If you are becoming increasingly reactive to alcohol (even a small glass each day), then you must STOP it, or pay the price.

You will see when you read the *Psoriasis Diet*, that it is not a good idea to eat left-over foods from your refrigerator the next day, because molds and spores can proliferate on these foods overnight in your refrigerator.

In my observation, the typical psoriasis patient has multiple allergies and they can in addition even develop multiple chemical sensitivities as well as inhalant allergies.

These allergies and sensitivities improve dramatically and eventually disappear as the yeast and sugar-containing foods and drinks are withdrawn, the candida

population is reduced and balance is once again restored to the digestive system in particular. When the small intestine is healed, their immune system is healed as well and a person's sensitivity to many substances drops.

Another common occurrence of elevated antibodies findings is with a stool test (CDSA_{x3}), and I regularly find a reduction or an elevation of sIgA, (an antibody commonly found in the mucosa and digestive system) which also indicates a heightened immune response potentially revealing an underlying allergy. Many patients with chronic digestive problems who have had a stool or blood test performed will often have increased antibody markers as part of their test results, more so the blood based tests though than with the stool tests. You can read a lot more about the ELISA blood test for the IgG/IgA antibody levels and the CDSA x 3 stool test in my booklet entitled Psoriasis And Functional Medicine Testing, later in the Psoriasis Program.

Children and Yeast Infection Related Problems

A child with candida can easily be a mislabeled hyperactive, or learning disabled by a practitioner who does not fully understand or comprehend the true significance of the pediatric yeast syndrome. Dr. William Crook who authored The Yeast Syndrome certainly did, he was an excellent pediatrician who noticed that many of his young patients would improve significantly once their yeast overgrowth was eradicated. It is a pity that many pediatricians today do not have the same level of clinical experience with intestinal dysbiosis and children's health that Dr. Crook had.

Children who have candida may manifest multiple allergic syndromes that can affect them on many different levels. These children can even display behavioral and learning difficulties as a result of their individual reactions to foods, chemicals, and preservatives that may well be linked to a candida yeast infection. In my clinical experience, many children do not need drugs like Ritalin after all, particularly if they are first assessed and treated for allergies and carefully screened for candida yeast infections or SIBO (small intestinal bowel overgrowth).

Like Dr. William Crook, I have certainly noticed over the years that children who have both behavioral or learning disabilities as well as a yeast infection display a marked reduction of symptoms once the candida is eliminated, much to their parent's relief.

Behavior and candida

A small, but nevertheless significant percentage of today's children diagnosed as autistic may in fact be victims of a rather severe form of a candida yeast infection.

If the candida infection was successfully treated in these few cases, the symptoms of autism may well show dramatic improvement. It is not uncommon to find that a child with a behavioral problem was treated routinely with antibiotics in the past, for example an ear infection, a cough or a sore throat, and often times they will have been recurrently. Soon thereafter, changes may begin to occur. There could be developmental delays, speech development may stop, and within a few weeks or months the child may become unresponsive and lose interest in his parents and

surroundings. The concerned parents then take the child to various specialists, and finally come up with a diagnosis of autistic spectrum disorder.

Worried mothers may have their children in and out of medical clinics and unfortunately there are still doctors who still routinely prescribe antibiotics, despite the fact that not only the malevolent bacteria are destroyed but also the friendly bacteria such as *Lactobacillus acidophilus*.

The yeast remaining behind now thrives, as they are not susceptible to the influences of antibiotics, and with recurring prescriptions the bacteria left behind become more increasingly resistant to antibiotics.

In addition, children love to eat sweets, and plenty of them including ice creams and all the sugary and yeast promoting foods and are thus a prime target for a candida overgrowth. In the 21st century, your child may be eating foods high in sugar more than at any other time in history. Is it any wonder that many of our children go on to develop all manner of immune and behavioral problems?

A very important part of candida treatment for children is getting them away from sweets as much as is possible, and a good way to start is by limiting all soda drinks, candy (sweets) and unnecessary food and drink items. This can present a challenge and you will find it an easier task with younger as opposed to older children, believe me. I have four children and know how difficult it can be, but it is achievable, especially if you can offer your child nice fruits such as oranges, bananas, stone fruit like apricots and plums, etc., to get them away from the highly processed sweets. Give them diluted juices to get them away from those sugar laden soda drinks. This is step one, and then you progress over time by giving them fruits that are not quite as sweet like apples, pears and kiwi, and dilute fruit juices down even further. Eventually you switch them to vegetables and herbal teas. It IS possible but takes time, patience and commitment on your behalf as the parent or caregiver. My kids just drank water, flavored with a splash of fruit juice.

How To Recognize The Child Candida Patient:

- **The case history will often tell you** if you are dealing with a child who has candida or not. I regularly have naturopathic students who sit in for observations in my clinic, and I like them to be aware of the importance of case taking when it comes to children in the clinic. A case well taken is a case half solved. "What happened in the past" is probably one of the most important questions you can ask the child's mother.
- It is surprising when you **ask the mother when her child was prescribed antibiotics in relation to her child's health problem**, time and again you will see the relationship between the cause (the antibiotic) and the effect, the bowel, skin, immune, behavioral or other health problem.
- Look for the child who has **a strong sweet or sugar craving**, careful questioning during the case taking will elicit this crucial information. Whilst

it is not true that all children who crave sugar will have candida, it is true that most all children with candida will strongly crave sugary foods.

- Don't just look for a craving or strong desire for candy or sweets, look for **the desire to consume plenty of oranges and orange juice, soda drinks, dried fruits like dates, figs, sultanas or chewing gum, biscuits and a host of other foods high in sugars.**
- Look for **the child who eats many pieces of fruit each day, especially fruits high in sugar.** Fruit has plenty of sugar in it, some more than others.
- If there has been **a history of re-current antibiotic use** before the onset of the digestive health problem, you can almost guarantee that there will be candida to some degree.
- **A child with recurrent worm infestations.** Does the child have an itchy anus or complain about "sore tummies" routinely? There could be a sweet craving underlying here again. Suspect a yeast infection as I have often seen these problems combined in children – worms and yeast infections.
- **Children who live with one parent,** and then spend every second weekend with the other parent. This is often the case with separated or divorced parents, therefore always ask this question: "Does Johnny live with both parents?" It is surprising how many times I have heard: "Oh, no, in fact he lives with his father half the time". In cases such as this **you may find that one or the other parent will spoil the child, and sweets, ice cream or chocolates are high on the list.** Sometimes this may occur out of guilt, sometimes out of trying to buy the child's affection over the other parent, and this is more common than you may think, especially if the split wasn't amicable.
- **Be aware of grandparents. They sometimes feel it is their right to be able to give the child special treats, especially sweets.** I have found that when a child stays with their grandparents, or is taken out on excursions to the movies by the grandparent for example, that sweet treats or generally given, like ice creams, soda drinks, sweets, etc. Your child may be told to "not tell your mother or father", as some grandparents feel it is their right to treat their grandchild to a sweet treat. There may be a behavioral change and a worsening of symptoms when the child is returned to her parents, and in such a case you will want to carefully assess the child's diet when they have been to stay at grandma's and ask straight questions.
- **Abdominal pain which is "undiagnosable" by the bowel specialist.** Think about dysbiosis including parasites and/or yeast infections, once you have concluded there is no fecal (stool) loading or a case of bad constipation, treat for a yeast infection. An abdominal x-ray or ultrasound may be necessary to determine any serious obstruction. Take your child to

a certified colon therapist as well, and listen for the feedback. I have more faith in the feedback from a highly experienced colon therapist than a GI medical specialist when it comes to many issues affecting the large bowel, just my experience.

- **A child living in a cold, damp or moldy environment** who is always sick. He will need to be moved to a better environment before you begin work on the candida eradication. In New Zealand, we have all too many children who live in such homes with drafts, a leaky roof and damp

bedrooms with condensation on the windows and a tin layer of almost invisible mold on the ceiling, especially near the window. This is a recipe for a candida yeast infection, and you may find various strains of yeasts, molds and bacteria in such cases in the room, as well as in the child's body.

- **Any child on drugs long-term.** Does the child take any asthma drugs like salbutamol (Ventolin) and/or a steroid preventative? Perhaps a recurrent prescription of an analgesic, antidepressant or other medication? I routinely have seen such children with drug-induced illness and suspect that yeast infections are much more common here as well.
- **A child with a recurrent bladder or urinary tract infection.** Obviously you will want to rule out diabetes or other blood sugar issues, any underlying urinary issues that can be ruled out by a urologist, etc. But, if there are recurrent urinary tract infections or bladder issues then you may want to treat for a yeast infection. You can bet that antibiotics will have been used here routinely, and whenever they are used, a yeast infection is sure to follow.
- **A child in a wheelchair or using a catheter regularly.** A very much overlooked area with yeast infections is the use of an indwelling urinary catheter, and I've seen many children as well as adults with recurring bacterial and fungal issues who have to rely on these to urinate.
- **A child with a recurrent ear, nose or throat, respiratory or sinus infection.** Once again, suspect antibiotic use and in some cases you will be quite surprised to learn that the child has "never been well" since these antibiotics.
- **A child you suspect of being celiac.** Always check for a bacterial, yeast or parasitic infection long before you consider a gluten allergy or intolerance, because it is more likely that the child will have an issue with yeast rather than gluten. Does this child crave sweet foods or drinks, is there any history of antibiotic use, has this child travelled or been on holidays before the diagnosis of celiac? Was the celiac diagnosis made based on a small bowel biopsy?
- **A child who was breast fed for a several weeks only and then placed on a powdered cow's milk formula.** I've seen far too many cases of young children who didn't get the right amount of immune-boosting breast milk they may well have benefitted from early on in their life, and then

went on to develop a respiratory or bowel infection as a result of an allergy. The child was then placed on an antibiotic and consequently developed dysbiosis leading into a yeast infection. Naturopaths see these children daily in their practice.

- **The child with the terrible attitude.** I have often seen children in my clinic presenting with behavioral problems, no doubt like many naturopaths have, and I am certainly not suggesting that all children with behavioral issues have a candida yeast infection, but a surprising number certainly do! So how do you distinguish between a child with a yeast infection who does not appear to fit in with the family dynamics and a child who for example has autism?

What I do is look at the child's diet and how strongly that child craves certain food items as a starting point. Many yeast-affected children will have a craving for certain foods as strong as their attitude, they may even "rule the household" and simply demand certain foods. These are the children with food allergies as well, and an allergy towards sugar. As I mentioned previously, Dr. William Crook (The Yeast Connection) wrote extensively about children, behavioral problems and yeast infections back in the 1980's, and today this connection is as strong as ever, if not even more so. Today we have high fructose corn syrup that Dr. Crook never heard of, and this stuff has permeated into too many foods, and kids love it. It feeds candida like you wouldn't believe like fuel feeds a fire.

Children today drink more soda drinks than at any other time in history, their diets are often high in processed and sugar containing foods and it is therefore important that you consider this if your child is simply "impossible" at home. Is your child controlling you? Try withdrawing all sugar from their diet and see what happens, you will notice over time a definite change in their attitude as well as an improvement in their ability to think more clearly, remember that brain fog we spoke about previously?

While children can develop psoriasis, but psoriasis is more commonly a skin condition I tend to see in young adults, adults, the middle aged and even in the elderly. Children develop eczema more commonly, and the treatment for this is virtually the same as it is for psoriasis – limit the sugars, yeast containing foods and watch out for any foods the child may be allergic too.

The Cause Is Never Deemed As Important As The Treatment

If I could live my life over again, I would devote it to proving that germs seek their natural habitat, diseased tissues, rather than being the cause of disease. *Dr. Rudolph Virchow (the germ theory)*



In 1965, a pioneering doctor named Jack Geiger helped to start America's first health centers in the Mississippi Delta and in Boston for the lower income population. Dr. Geiger treated many children who were ill and so malnourished that his prescriptions

were not for pharmaceutical drugs, but “prescriptions” for basic healthy foods like meat, fruit and vegetables. These prescriptions were funded by his community center pharmacy budget, and once word got out to Washington, a government official was sent to reprimand Geiger for his “reckless spending”.

The point was made to Geiger that his pharmacy’s budget was for “medical purposes” only and was not intended to cover foods. Geiger’s reply was simple: “The last time I checked my textbooks the specific therapy for malnutrition was in fact ... food.”

The point here is that even in 1965, American government health officials did not recognize nutrition as having much bearing on human health. Having a poor and impoverished diet was not seen to be a contributing or causative factor in poor health and disease, and the sad fact is that even today there are doctors and governments who still believe that nutrition plays little role in human health, and that ill health in people can be attributed to some kind of “deficiency of a pharmaceutical drug”.

The interesting thing I find with conventional medicine is that it has developed an elaborate system cloaked in science aimed at treating the patient over a prolonged period of time, for the same complaint, and in cases like yeast infection - without much expectation of any complete resolution, for years on end, even decades. It reeks of profits for big pharma to me; there is no profit in health, only in ill health.

There is no doubt about it, Western medicine has given us many fantastic advances, but are medical doctors really looking for the actual causes of our illness or merely addressing the symptoms with potentially toxic drugs?

Like many different types of infections, yeast infections can lead to a host of chronic diseases. If you think about it for one minute, did you wake up one morning and discover all of a sudden that you have psoriasis, irritable bowel disease, ulcerative colitis, arthritis, heart disease, fibromyalgia, chronic fatigue syndrome or any one of a number of other chronic health issues? *Chronic problems most always have their origin in small beginnings, like a small infection.* House that need demolition from rot start with the tiniest amount of rot, but it remains hidden and undetected for years, sometimes decades until one day it was exposed and then it was too late, demolition was called for. This is just like cancer, no symptoms or pain for years, yet the same contributing underlying factors that are often hidden and then one day “OMG, I’ve got cancer”.

Conditions like vaginal thrush and athlete’s foot are generally seen as local and “trivial”, and if the patient returns with the same problem, the cause is not generally sought for and medications are prescribed time and again.

What other professional person would you consult, and be expected to pay a fee to, who just shrugs his or her shoulders when you enquire as to the actual cause of your complaints? That’s right – nobody. If a plumber or mechanic kept repeatedly giving you lame excuses, would you pay them and take them seriously? Of course you wouldn’t, you would take your problem and your wallet

somewhere else. Well, that's exactly what happens to thousands of people who consult their doctors with a yeast related problem every day; they are treated symptomatically because all the emphasis is on the symptoms and not the actual cause. In my opinion, *the treatment is never as important as discovering the actual cause*, and any intelligent person would be quick to add that if you get the cause sorted you wouldn't end up with any crippling symptoms and their long-term consequences. Same with heart disease, same with cancer, same with candida, in fact, the same with any chronic illness.

Candida problems have become so widespread today, that if a random sample of patients, those unsuspecting candida infections, yet complaining of miscellaneous symptoms is given anti-candida therapy, many of them will exhibit a marked reduction in symptoms over the next few months and some will even exhibit a dramatic return to good health. I have found this to be the case in many situations in my clinic. Candida problems can present themselves in all shapes and sizes and have many disguises, so don't be fooled into thinking that candida is purely a "digestive problem" or a "vaginal problem", or "toe nail fungus" by any means, and this will be amply illustrated with the many case-studies you will encounter in the Candida Crusher book. Candida is a widespread digestive and systemic problem, but more often begins in the digestive system and then translocates to other parts of the body by way of the blood stream.

If you have a local occurrence of candida, you will almost certainly have it in the digestive system and/or vagina, and it may be under control or ready to ramp up and go out of control.

Candida yeast infection was dubbed as the twentieth-century disease, but now into the twenty-first century nothing has changed, in fact I believe that you will probably see more cases of candida yeast infection than you will ever have seen before in history. In the Candida Crusher I would like to talk about my experiences treating people with yeast infections and show you a many case studies along the way and in addition give my take on what I consider to be the most clinically effective solution to this scourge which we see so regularly in any natural or medical practice. I'll address the many and varied causes throughout the book, especially in chapter 7. Be sure to underline anything that stands out or use a high lighter, this is your personal copy!

The Primary Cause And The Maintaining Causes

If there is but one thing I have discovered over the years working with many patients is that *there is always a cause of their health problems*, and generally there are two distinct types of causes, the primary cause (what actually started or helped to start their health problem) and the maintaining causes (what keeps it going on, and on, and on). With psoriasis, the primary cause can be genetic and out of your control in some cases, but in other cases there was a trigger such as a yeast infection. The maintaining cause of psoriasis is often an underlying yeast infection, and I have seen this in countless cases.

The Primary Cause

Do you know what your primary (exciting) cause or causes were in the past; could you remember what possibly triggered it? Was it that course of antibiotics you had after you had a cough, cold or an infection? Perhaps like many people, you have had several courses of antibiotics and have *never been well since*. If you are likely to tell me this in my room, I will write "NBWS" behind such an event and mark it out as a primary cause. Was it after you came out of hospital, or when you came back from that holiday? Think of an event (*any*) that took place just before it started. Think of a drug or treatment that coincided with the onset of your psoriasis. It is pretty foolish to believe that your psoriasis came out of nowhere and just "happened", there *IS* always a cause for your psoriasis, and with a bit of detective work you should be able to figure out how long ago this whole mess started. Primary causes have a tendency to be more dramatic and there is almost always a strong relationship between cause and effect, and most patients can remember the one or several primary causes. As people get older and they have had their psoriasis for many years, the memory may not be that good anymore and it may be harder to track the primary cause.

The Maintaining Cause

These are generally a lot easier to discover, they will be happening right now and a bit of detective work will soon uncover these, there will often be several maintaining causes of your psoriasis or one big one, like eating chocolate several times a week or drinking alcohol daily. What are you doing to keep your psoriasis going? Is it something specific in your diet or is it something to do with your lifestyle or is it both?

Are you a person who worries excessively, has anxiety, do you stay up late every night and don't get sufficient sleep? Do you eat commercial chicken every week that may contain antibiotics? You may be suffering from stress or adrenal fatigue. Maintaining causes can be dietary or lifestyle or generally a combination of both.

You will learn a lot more about the primary and maintaining causes in my other writings on psoriasis. This is a very important consideration if you want to permanently resolve your psoriasis, the underlying causes need to be addressed, and the sooner you do the quicker you will be on your road to recovery.

The 11 Main Yeast Infection Causes

There are a number of factors that allow a yeast infection to go wildly out of control, but there is seldom just one factor responsible for preventing people gaining control of their yeast infection and turning the corner.

I have listed the main risk factors for a yeast infection below, but suffice to say, candida overgrowth is most often due to chronic antibiotic use, particularly the broad-spectrum variety. Antibiotics kill the gastrointestinal bacteria that normally help to keep a yeast overgrowth at bay, and of no surprise, when antibiotic use first became widespread it was soon noticed that yeast infections were on the rise.

What are the key reasons why a yeast infection is so prevalent in the digestive tracts of people living in the Western industrialized countries? I believe that we principally we have our hectic 21st century lifestyles and nutritionally depleted, highly refined & processed and sugar laden diets to blame, but technology is also to blame to a degree and the way we use and abuse science and technology. Here are the major factors that allow candida to get out of hand; there are potentially many more, but these represent the core:

- 1. Antibiotic drugs.** Most probably the number one cause in my opinion of chronic yeast infection is the prolonged, inappropriate, and excessive use of certain types of pharmaceutical drugs like broad-spectrum antibiotics. Antibiotics are used to kill disease-causing bacteria, but unfortunately they also kill normal, protective bacterial flora throughout your body and actually encourage yeast infections. Did you know that most antibiotics are actually made from chemicals found in some fungi species? The fungi themselves make certain types of chemicals that protect them from many different types of bacteria, and this is one of the major reasons why antibiotics work so well against bacteria, but unfortunately also one of the main reasons why they support the growth of fungi.
- 2. Antibiotics in meat.** Many different kinds of antibiotics are also found in commercial poultry, pork, beef and other meats. Be particularly careful to avoid commercial poultry, as thousands of chickens are crammed into cages and routinely fed high protein foods full of antibiotics. Buy free range and certified organic chicken just to be sure.
- 3. An underlying inherited or acquired immune system deficiency.** There are several reasons why your immune system may be impaired and an investigation may well reveal the cause. Be sure to have the appropriate blood tests to uncover any potential causes like neutropenia, which means poor levels of neutrophils or white blood cells (get a full blood count), vitamin B12 or folate deficiencies. Nutrient deficiencies are one common source of an immune deficiency. See your health-care professional and get the appropriate medical or functional medicine testing, especially if you have had a chronic yeast infection for some time. If your doctor is resistant and "does not believe" in your self-observations of candida, find yourself another doctor who hasn't got a hearing problem.
- 4. The liberal use of steroidal or other drugs.** Particularly steroids whether they be hydrocortisone or prednisolone. These steroidal drugs can be inhaled, in a tablet, capsule or cream form. Inhaled steroids (asthma) also feature high on this list. The oral contraceptive pill is in this category too, and so are heartburn or anti-ulcer preparations.

- 5. Alcohol.** In my experience, not many don't drink or avoid alcohol. While I do occasionally see some people with a yeast infection who don't drink, they tend to be uncommon. Most all folks I've seen with a chronic yeast infection drink alcohol regularly. And the types of alcohol I associate the most with a yeast infection are beer, white wine and spirits like whisky, rum and bourbon. Any alcohol can be implicated, but these are the big ones. Why these spirits? Any spirits that a person will routinely mix Coke (or a high sugar soda drink) with is more likely to get a yeast infection because they are consuming plenty of sugar. Those with yeast infections are drawn to alcohol, like moths are to a flame. Is there any "safe" alcohol? Not really, all alcohol can promote candida, whether it is gin, vodka, whiskey or wine. Most yeast infection sufferers have poor digestive health leading to nutritional deficiencies, and alcohol is often implicated here too.
- 6. Candida Friendly Diets.** (Sugar, alcohol, refined flour, etc.). Just like alcohol, this group of foods encourages the growth and proliferation of a yeast infection. Typically craved foods are breads, chocolate, moldy cheeses (brie, camembert, etc.), pickles, sweet sauces, and the sweet fruits like oranges, bananas, grapes, and dried fruits. I won't elaborate on foods too much here, you can read a lot more about foods and drinks and yeast infections in section 1 (Chapter 7) of The Candida Crusher Program.
- 7. Stress,** which eventually depletes our body's ability (adrenal glands) to produce sufficient cortisol that in turn reduces the immune system's functionality. Fluctuating cortisol levels also cause blood-sugar dysregulation (hypoglycemia) that is a further risk factor for candida. Those with prolonged stress often end up developing adrenal fatigue (see Section 2 – Understanding Stress and Immunity). In my experience, most all chronic yeast infection patients have some degree of adrenal fatigue, which is best treated at the same time as their yeast infection.
- 8. Exposure to pesticides, herbicides, chemicals, toxic metals (lead, mercury).** Many people with chronic yeast infections are toxic people, and hair or urine testing may reveal a heavy metal problem. Mercury has been implicated with chronic candida, be sure to read the section 3 in chapter 7 that explains all about the most effective ways to detoxify.
- 9. Diabetes.** Diabetics are more prone to candida yeast infections for several reasons, but the main connection is that diabetics have problems regulating their blood sugar levels. There are two main types of diabetes, however, all forms of diabetes have one thing in common, which is insulin production problems or insulin resistance. The pancreas in a healthy person produces insulin. Type 2 diabetics (diabetes mellitus)

have generally a problem with insulin resistance in that the cells of their body have a problem accepting insulin's ability to regulate blood sugar. The purpose of insulin is to process blood sugar (glucose) into energy. And sugar, as you are aware, is the primary agent that feeds a yeast infection. Since people with diabetes have higher concentrations of glucose in their body, they are therefore also at a higher risk of developing recurrent and chronic candida yeast infections.

10. Chlorinated water. Chlorinated water is a big but commonly overlooked problem in the development of a yeast infection. By swimming in a chlorinated pool or a Jacuzzi (spa pool) you are allowing your body to absorb plenty of chlorine, an antibiotic. Why is this so? Why do you think they throw that stuff into the water? They throw it in to kill any bacteria and algae, and not unlike an antibiotic you swallow, you are allowing the yeasts to thrive by reducing the beneficial bacteria levels in your body. Just as chlorine kills bacteria in the water, it also kills the body's normal bacterial flora.

11. Mold Exposure. Just like chlorine, mold is a frequently overlooked problem when it comes to candida. Mold will hurt the immune system by suppressing it. I have seen many patients who improved once they moved out of their house. Think about carpets, rugs and walls in bedrooms, kitchens and bathrooms. Sometimes mold is obvious on walls or ceilings and sometimes it is not. If you have a mold problem it will continually send out microscopic spores into the air that you inhale. Read more about mold in section 5 of chapter 7.

Thumbtack Disease



Here is a recent scenario that happened to me and perfectly illustrates cause and effect. I have been busy renovating my house for the past several months and recently have been painting the outside of my old home. I developed a sore right foot and when I had a bath later that evening I noticed a painful red sore on the sole of my right foot. I treated this promptly with tea tree oil and a plaster. I checked the shoe for a rose thorn or nail but found nothing.

But after a few days, the pain would not go away and each time I climbed up the ladder and placed my right foot on a rung, I felt a sharp pain in my foot.

That's when I decided to take a much closer look at the bottom of my shoe and found a tiny panel pin that had worked its way into the sole of my shoe, it was the primary cause and it was partially hidden. I could only feel a sharp prick when I placed my hand in the shoe and applied pressure. Once I removed the tiny pin I no longer had any pain and my foot healed fine. You are probably thinking why didn't he look carefully right away? Well I did, but when I looked much more carefully I saw the tiny head on the panel pin (a very small nail), but it was barely visible on first inspection and could only feel the pain under pressure. Leaving the panel pin in my shoe was the maintaining cause of the pain, unbeknown to me.

The moral of this story is that if you don't find a cause then look very carefully for the *hidden* cause, because you may well initially glance right over the cause when you first look at a problem, just like I did. There is always a cause, but sometimes it is not that obvious and staring you right in the face, and that's why most people miss the cause and just end up treating the effect.

On other occasions, things are right there in front of us but we don't see them! Have you ever been in your kitchen and looked for the can opener or a particular knife and couldn't find it, but it was right there in front of you, staring right at you?

Sometimes the solution to our problem is staring us right in the face but we have become blind due to familiarity. And at other times we *know* what the cause is but just ignore it for some reason, like the person who keeps on drinking and is in denial. Like a pharmacist's wife I once saw who brought me her 11-year-old son with a major yeast infection who had been on an antibiotic almost continually for eighteen months due to an unresolved cough and cold.

Your Body is Like a Car

Your body is much like your motor vehicle. It is reliable and with a little care and maintenance can last for many years. When things go wrong, it will give you the appropriate warning signals; even in the very earliest stages of a big mechanical problem it will tell you that something is wrong. But cars are like humans too in the sense that something unpredictable may happen, although the odds are quite rare, they do increase with age. For example, your risk of a heart attack may increase with age just like your car may experience major mechanical failure with age, but with routine and regular maintenance checks the likelihood will be considerably more slim.

Signs and symptoms of an impending yeast infection like increasing gas and bloating, bowel motions that are changeable and digestive pain that is occurring much more regularly are all signs that something is amiss. All of those digestive problems are telling us our digestive system isn't functioning properly. This can lead to poor absorption of nutrients and even deficiencies causing fatigue, irritability, poor moods, etc. How can you expect your body to overcome any ailment or re-build itself if the food and nutrients aren't absorbed? And in addition,

you become a sitting duck for a yeast infection, and some cancer researchers even go as far as saying that a yeast infection of many decades of neglect may even turn into some forms of cancer.

Many women will experience occasional vaginal discomfort or a discharge but the cause should be addressed before the problem becomes chronic and most uncomfortable, when most women seek help. Sometimes a simple treatment and diet change is all that is needed in the earliest stages of a health problem, and the best time to treat any illness is right at the beginning, before any real disease or pathology has taken place. The longer you wait, the more difficult and expensive the treatment will be. This is what I think "drives" a person in to see their mechanic at the first sound of a noise in their car, a costly repair job!

It is our job to address these signs and symptoms as soon as we feel something isn't right, we need to establish the root cause and establish it as soon as possible to get our health back on track. But, if you are the kind of person who ignores the red light flashing on the dashboard of your car then your problems could grow and escalate into a major health problem. Have you learned anything from your ill health? Was it something you could have prevented? Maybe you could learn something from it and prevent any such further episodes.

A wise man should consider that health is the greatest of human blessings, and learn how by his own thought to derive benefit from his illnesses. *Hippocrates*

Dr. William Crook and Dr. Orion Truss

These two doctors were the first true pioneers in the discovery of the true extent of candida infections in the population. I can remember reading a book written by Dr. William Crook called *The Yeast Connection* in 1983 when my father bought a copy to try and sort his own digestive problems out. To understand more about the background, you have to understand Dr. William Crook. In 1979, Dr. Crook learned from Dr. Orion Truss about the relationship of common yeast called *Candida albicans* with many illnesses.

Dr. Truss wrote a book in 1983 entitled "The Missing Diagnosis" and made the suggestion that since the 1950's, the widespread use of antibiotics, combined with the universal use of the oral contraceptive pill and immune suppressing drugs like steroids (hydrocortisone, prednisone, cortisol and asthma preventative steroidal inhalers) coupled with a high carbohydrate type diet (such as bread, alcohol processed and take-out foods) has caused a dramatic increase in yeast like overgrowths in the human population.

William G. Crook, MD, passed away in October 2003, at the age of 85. To many involved in natural medicine, Dr. Crook was a mentor and a true role model. He was a passionate man who worked tirelessly to improve the public health, primarily by helping publicise the importance of food allergy and of candida yeast

infection as causes of illness. As a pediatrician, Dr. Crook became interested in the idea that hidden food allergies were a triggering factor for conditions such as hyperactivity, learning disabilities, fatigue, bedwetting, migraine, colic and other common pediatric problems. After helping thousands of children overcome chronic conditions by means of an elimination diet, Dr. Crook then began to spread the word by writing books and articles on the subject. Many medical and natural medicine practitioners used his book "Tracking Down Hidden Food Allergies" as a blueprint for identifying food allergies in both children and adults.

Dr. William Crook is best known for his role in increasing public awareness of candida albicans yeast infections as a cause of chronic physical and emotional problems. Although Orion Truss MD, is credited with alerting the medical profession to the yeast-illness connection, it was Dr. Crook's landmark bestselling book "The Yeast Connection" that gave recognition to a condition which is as big today as it has ever been.

To this day, the candida yeast infection syndrome remains a controversial diagnosis, ignored or ridiculed by the majority in the medical profession. However, thousands of open-minded practitioners have been able to help countless numbers of patients, largely because of Dr. Crook's books and lectures on the subject. Thanks to the pioneering work by doctors such as Truss and Crook, chronic candida infection has been known for over thirty years in medicine now. Before the early seventies however, neither the public nor the health care professional had much of idea of the magnitude of this problem or in fact had ever really heard of a patient with a candida infection.

Like many conditions that people present with, it is once again not the condition they present with so much that is the real issue – it is the continuation of a dietary and lifestyle habit underpinning candida that needs the attention.

Are Your Health Problems Yeast Related?

Some of the key things to look out for are the following:

- Do you crave sweets or sweet foods?
- Do you feel sick all over?
- Do you have vaginal thrush?
- Do you have jock itch or toenail fungus?
- Do you have unresolved psoriasis?
- Are you itchy anywhere?
- Have you taken any antibiotics?
- Have you been on the oral contraceptive pill for some time?
- Do you have any unresolved digestive issues?
- Have you seen many doctors and have not found help?
- Have you been developing an increasing amount of food allergies?

Here is a quote from Dr. Leo Galland, MD, of New York, is one of America's leading natural medicine specialists who has specialised on treating many difficult cases of candida-related health problems:

“The intestinal tract is one of the most important parts of the body as far as whether one is sick or well. I’m not talking just about food allergies, but the reason we’re seeing an increasing prevalence of food intolerance is because of an unhealthy and imbalanced gut flora. The problem may be with the diet itself, or it may be from antibiotics or parasitic infestation such as a yeast infection”. I’ll talk more about Dr. Galland’s dietary recommendations in the Psoriasis Diet.

Yeasts And How Acetaldehyde Can Make You Sick

Yeasts like to grow in a warm, dark and moist environment and like all plants have a stem, leaf and root system.

Normally many plants will take root in water, they will take up nutrients and carbon dioxide through its roots, stem and leaves and take in and release oxygen as a waste product into the atmosphere. Candida however, works the other way around as its nutrients are taken in through the top and waste products are released through its roots. The root system of Candida sinks into the mucous membranes of the body, which to Candida are like a fertile soil. This little parasitic plant likes to feed on sugars and refined products like white flour, candy, soda drinks and then will go about depositing its wastes deep into the mucous membranes into which it is anchored.

And when this little plant comes into contact with its food source, enzymes in its leaves then convert food into chemicals that the yeast needs to sustain its life.

The waste product deposited which is a by-product of this enzymatic conversion, and is a toxic chemical called acetaldehyde, otherwise known as acetic aldehyde ethanol, a relation of the alcohol family.

As the yeast proliferates throughout the mucous membranes it begins to secrete more and more acetaldehyde. It is important to bear in mind that acetaldehyde is in fact a chemical even more potentially toxic to the human brain than ethanol itself, which insidiously undermines brain functions and damages neurological structures.

Another chemical called gliotoxin produced by candida also has neurotoxic effects and can even secrete a chemical that kills various kinds of white blood cells around it, making it immune suppressive.

Mucus, Catarrh and Phlegm Production

Apart from its toxic neurological effects, acetaldehyde in turn produces an allergic reaction in a person’s mucous membranes lining the mouth and whole digestive tract, as well as sinuses and respiratory tract causing the mucous membranes to stimulate the production of mucous. Does this sound familiar to you? How many people do you know with digestive problems for example that have a sniffle or need to clear their throat on a regular occasion? I have always associated increased phlegm and mucus with a yeast infection, and that once the digestive system is finally cleared of the yeast overgrowth that this phlegm or mucus slowly clears up. No more coughing or bringing up mucus, No more sniffing or blockages.

As candida is increasingly produced, more mucus is produced which is a perfect breeding ground for bacteria, requiring yet more antibiotics, and so the cycle continues. Those on a regular antibiotic should always be treated as a candida case, regardless of their presenting symptoms.

It is interesting to hear those who are chronically infected with candida yet who don't drink alcohol, say that they may even feel "drunk", spaced out or a bit inebriated or stoned. I've heard many patients over the years tell me that they feel "unreal" or "not quite with it", and now you know why. Can you remember the last time you drank a little too much alcohol? Remember how it felt? Then you will understand how some patients feel with candida infections.

If you have psoriasis and can relate to a history of phlegm or mucus, and especially if you notice an increase in the production of this phlegm or mucus after eating or drinking anything, see if you can work out what food or drink is causing this increased production. In many instances, that food or drink contained some form of sugar. Sugar is the perfect food for this little fungus, and what you will find is that even foods like milk (containing lactose, or milk sugar) can very easily stimulate the production of phlegm. It is further important to remember that a candida yeast infection is often found in combination with food allergies, and once the candida is dealt with then the person in most cases will again be able to tolerate that food once again.

Acetaldehyde Is A Chemical That Enters Your Body In Various Ways



- Drinking alcohol
- Inhaling exhaust fumes or cigarette smoke (active or passive)
- Having an overgrowth of candida in your body

When we drink alcohol, an enzyme found in the liver called *alcohol dehydrogenase* converts it into acetaldehyde, after this process, another enzyme breaks it down further into acetate, which gives our cells energy.

The problem is that in alcoholics or people with a high level of toxicity, the body's ability to convert acetaldehyde is undermined, and high levels of acetaldehyde remain in the body and can cause a kind of poisoning which not only does physical damage but also can very much distort mental perceptions.

This is one of the reasons why some people with chronic and systemic candida, especially those who drink plenty of alcohol, can have depression, anxiety, mood swings and irritability.

It is important for you to understand that if you like a drink and have psoriasis then you simply must stop drinking for some time and restore your digestive system, repair the leaky bowel and work on building a healthy bacterial population and then in time re-introduce alcohol. Because when you have psoriasis, then

there will be an increased chance that you may well have a yeast infection, and a Candida yeast infection will thrive in the presence of a regular intake of alcohol.

It may take six to twelve months though, so be patient. This is by far the most important component of your dietary regime for you to adhere to if you truly want to recover; you have to ease up on the drink. If you bought the Psoriasis Program because you want to beat your psoriasis but you can't be bothered to cut the drink out, then I'm afraid you have just wasted your money on my Program. In that case, you may want to give it to somebody who can use this information more effectively and put it to good use, a person like this may take his or her health more seriously.

"Take your health seriously, or take it somewhere else". *James L. Wilson DC, ND, PhD*

Why Is Candida Albicans Yeast Overgrowth So Prevalent?

This question is not that hard to answer, we have so many bacteria, microbes and fungi living in and on our body's surface, it is all a matter of balance. From the day of your birth your body lives in a sea of bacteria. Infectious germs known as microbes swim throughout your body at all times. These microbes can live in your throat, mouth, nose, gums, gastrointestinal tract, blood, bladder, vagina, and numerous other body tissues.

These microorganisms that may be bacteria, viruses, fungi, or parasites, are as much a part of every human being as foods and chemicals. Figuratively speaking, they are constantly trying to 'eat us alive'. In some people these bugs actually succeed and death follows. An example of this is deaths we have had in many other parts of the world due to the HN1 swine flu virus. The influenza virus is so small is impossible to see without amazingly powerful magnification, yet is capable of causing perfectly healthy people to die.

And, even if when we do die of natural causes the bugs eventually eat our physical remains. Only healthy cells and tissues within our living bodies can effectively defend us against infectious microbes.

Immunologists, gynecologists and other health-care professionals generally tend to see the candida syndrome as a fictional one, probably because the manifestations are seen too often, the need for treatment too frequent, and the conventional testing for its presence and effect too inadequate, and because almost everyone suddenly has become an expert in its presence or absence.

Many naturopaths and natural health-care professionals see candida as a scourge, affecting patients so widespread that some like myself actually even specialize in this condition. Some do a great job, but many do an average job because they have their patient follow a "candida program" which can last anywhere generally from one to six weeks and that's it. Many pay lip service to the importance of the correct diet and lifestyle *ongoing*, and whilst the patient may initially feel OK, the candida comes back with vengeance and the patient is disillusioned and begins over the years to hop from one practitioner to another.

We call this in our business "doctor-hopping", and such patients generally end up on my doorstep with bags or boxes of dietary supplements as well as medical prescriptions for all manner of creams, pills and lotions with the condition remaining unresolved.

Candida can be a real trap for most medical natural health care professionals; this is another prime reason why candida is just so prevalent today. Most shocking, since many medical doctors do not recognise systemic candida as a problem, they often misdiagnose the condition and mistreat accordingly. And the patients are the ones I find who suffer, and suffer and continue to suffer. But don't be alarmed, with an ounce of proper treatment and the correction of the underlying dietary and lifestyle patterns today, you *can* overcome candida and save yourself a ton of health misery down the track tomorrow. The connection between your digestive system and the rest of your health, in particular your mental and emotional health is only just starting to become apparent to the many enlightened medical health professionals.

Let's take a look at drug treatments today. We have such powerful drugs like the broad spectrum antibiotics which kill the friendly bugs in your digestive system, chemotherapy (immuno-suppressive) drugs, and steroidal drugs like asthma puffers, hydrocortisone creams for all manner of skin afflictions and prednisone whenever a patient has an incontrollable immune condition which again needs suppression. We will go more into these causes a little later. Pharmaceutical drugs such as these along with a diet laden with sugar, alcohol, breads, convenience foods, etc, are hugely responsible for the candida problem. Most all cancer patients have candidiasis. The candidiasis was not the cause of their cancer; rather it was part of the lowered resistance that had likely contributed to the cancer itself due to the chemotherapy treatment.

Many sick people in my observation have yeast overgrowth to some degree, but yeast overgrowth is not what makes so many people sick, rather it is their lowered resistance and their increasing susceptibility. So, as our population continues to develop more and more degenerative ailments, what do we do? As a Western culture, ultimately, in addition to treating the effects of our lifestyles, e.g. the yeast, at some point the way of life in this country led by so many people has got to be changed in some very fundamental ways.

In the Psoriasis Program I will explain the many ways in which we can change, thereby making our bodies much stronger and more capable of fighting any kind of an infection, including a yeast infection.

Systemic Candidiasis Is A Scientifically Proven Fact

While gastrointestinal candidiasis has long been acknowledged as a fact, systemic candidiasis has been a subject of controversy for more than thirty years, particularly since most of the books on candida have been launched in the early to mid eighties.

Candida albicans has only been considered a serious organism by the medical profession in those who are severely immune compromised, such as leukemia patients, those with AIDS, people undergoing chemotherapy, radiation or those being treated with immune-suppressive drugs.

In particular, ever since Dr. Orion Truss published his book "The Missing Diagnosis" in 1983, followed by Dr. William Crook's book "The Yeast Connection" in 1984, a controversy has raged in both the scientific circles and the media regarding the ability of gastrointestinal candidiasis to cause systemic yeast infection. Interestingly, a *study was published in 1969 in *Lancet*, the prestigious medical journal, which demonstrated that *Candida albicans* is perfectly capable of escaping from a human being's gastrointestinal tract and trans-locating into the person's bloodstream within literally hours.

The researcher, W. Krause, was first tested and examined to the satisfaction of his medical peers to exclude any digestive, immune, and respiratory or kidney diseases and had not used any antibiotics in the previous ten years. He was thoroughly tested to eliminate any possibility that had any pre-existing yeast infection. He then ingested a significantly large dose of *Candida albicans* orally (10^{12}). That is an incredible 10,000,000,000,000 *Candida albicans* organisms!

Within two hours of swallowing *Candida albicans*, he developed a fever, a headache and was shivering. Incredibly, *Candida albicans* was cultured from a blood sample taken at 3 and 6 hours after ingestion. *Candida* was also cultured from urine samples taken from the same person at 2 $\frac{3}{4}$ and 3 $\frac{1}{4}$ hours after the ingestion of *Candida*.

This study, although performed in 1969, clearly demonstrates that gastrointestinal candidiasis can shift from the digestive system into the bloodstream in a non immune-compromised host.

*Krause W, Matheis H, Wulf K, Fungaemia and funguria after oral administration of *Candida albicans*, *Lancet* 1969; 1:598 -599.

These and many more underlying factors can transform *Candida*, which is commonly found but kept under control by beneficial bacteria, from its docile state into that of a predator.

Common Western Medicine Risk Factors Involved In Yeast Overgrowth

- Anti-ulcer drugs
- Broad-spectrum antibiotics
- Corticosteroids
- Diabetes
- Immune-suppressive drugs
- Intravascular catheter usage
- Intravenous drug usage
- Oral contraceptive pill
- Prolonged hospital stay

Poor Yeast Infection Recovery Is Most Common

Are people not getting and staying well because of changing yeast forms, or is it perhaps that the person is not strict enough with their diet or lifestyle, or maybe not enough time given to allow the treatment to be fully effective?

Perhaps there is some self-responsibility lacking? I believe that there are as many reasons for a poor recovery as there are people. I think it is also because most patients never really give their body the chance to maximize its healing capacity by way of rest, sleep, sunshine, peace of mind, thereby providing a conducive healing environment. These health-promoting factors are generally encouraged by the medical professional, and sadly to say not even by many natural health-care professionals these days.

So, armed with pharmaceutical drugs, all manner of self-prescribed supplements, a magazine or internet diet and a bit of will power thrown in, a few recover partially here or there, the lucky few fully recover, but the vast majority will tend to stay with a yeast infection and rarely fully and permanently recover. These are the walking wounded that tend to fill up our waiting rooms as naturopaths.

I truly hope that the information I have provided for you in the form of the Psoriasis Program can change all that, because you can get rid of candida (and subsequently your psoriasis) by changing the way you think, by changing the way you eat and changing the way you live.

And, I will tell you repeatedly in my writings, it takes time to improve and finally beat a chronic yeast infection, it is not going to happen overnight. As I have already mentioned, if you think you will shake it in a few weeks by taking this or that magic brew or potion then the Psoriasis Program is not for you and you have wasted your money buying it, sorry.

You will hear the same from me in the Psoriasis Program as you would if you consulted me, *but with one exception*. I can have a tendency to be a little tough on patients who keep coming back to me complaining of no or very little results in terms of their skin related problems over several months of treatment duration. I just don't buy it, because if you follow the rules, you will get results. If you play

the game with a view of winning the game, chances are you will win, especially if you put your heart and soul into it.

It may take three to four months on average, but it may take one year if you have been unwell with psoriasis for a long time, but you will start feeling better and increasingly better over a reasonable time. And if we just aren't getting there in terms of results, then there will be a hidden cause.



A Typical Chronic Candida Patient Profile

Here is a case illustration of the type of person I typically see in my consultation room with a chronic yeast infection. She will be female, middle income earner and will have been to one or several practitioners seeking help. She may have a history of the oral contraceptive pill, may have taken a steroid medication or an antibiotic in the past. She may well be under stress with children, her marriage, business, etc.

Gender: Female

Age: 18 to 55 years of age

General Symptoms: Tiredness & fatigue, loss of energy, general unwellness and malaise, poor or no libido.

Gastrointestinal Symptoms: bloating, gas, constipation or diarrhea, irritable bowel syndrome, intestinal cramps or spasms, rectal itching, sweet cravings.

Genital and Urinary Symptoms: vaginal yeast infections and thrush, regular (itchy) discharge worse before the period, recurrent bladder or urinary tract infections, and premenstrual complaints.

Nervous System Symptoms: Depression, anxiety, irritability, poor memory and concentration and sleeping disturbances.

Immune System Symptoms: food allergies, environmental allergies and sensitivities, recurrent acute infections (coughs, colds, sinus, etc.), psoriasis.

Conditions Commonly Associated With Yeast Infections

- Psoriasis
- Premenstrual syndrome
- Low-blood sugar (hypoglycemia)
- Constipation, diarrhea, gas, bloating

- Food allergies and chemical sensitivities
- Leaky gut syndrome
- Irritable bowel syndrome
- Ulcerative colitis and Crohn's disease

Candida Predisposing Risk Factors

Here are some of the main predisposing factors when it comes to getting a yeast infection. A chronic yeast infection is not a condition acquired by some external source, it almost always the result of improper living habits, as well as dietary factors and even environmental and emotional influences that all can potentially lead to a reduced level of proper functioning of the entire body. But what are the main pre-disposing factors an individual will face when it comes to a yeast infection, what are some of the key drivers behind a person developing this condition?

Yeasts and other microorganisms like parasites and bacteria have no real place in your body to multiply and grow out of control into mutated forms unless the right conditions for them to do so exist. These conditions are created by a person's mode of living and diet. Always remember that the candida yeast organism has a place in the normal ecology of your healthy digestive system when these hostile conditions are not present, as they are kept in balance by the friendly organisms.

The factors you see below are the main ones I find which contribute to disturbing the intestinal tract's ecology, and once the balance is disturbed the concentration of healthy species will become diminished and it is at this point that candida can begin to get the upper hand and mutate into their more harmful fungal forms.

Once in this mutated form, the fungal rhizoids have the ability to penetrate the delicate intestinal lining with their elongated root-like structures. It is at this stage that they have successfully migrated from the intestinal tract into the systemic circulation, and at this point they have the ability to colonize different parts of your body because wherever the circulation (bloodstream) takes them the potential is there for harm. The rhizoid form more so than the candida yeast form has the ability to produce powerful toxins which have the potential to cause a great deal of suffering to their host, and in some cases can completely overwhelm the body's detoxification system.

Typical Candida Risk Factors

- **Inappropriate Diet.** I expand greatly on diet in the Psoriasis Diet book, but suffice to say this is a big problem with many people living with a yeast infection. It probably won't be when they see me in my clinic, I have noticed that by the time they come to see me that most will have cleaned up their diet as they have learned over time that many foods have the potential to make them feel terrible and must be avoided. These foods often include such items as alcohol, chocolate, rich and creamy foods like ice cream and cakes, but may even include commercial bread and milk. But for years these foods and drinks were not avoided and along with other factors may have contributed to the yeast infection.

A number of dietary factors certainly promote the overgrowth of a yeast infection, and the recovery diet needs to be free of sugars, fruit juices, refined foods and any foods or drinks with a high content of sugar. Foods with a potential to mold or yeast must be avoided as well, and these include alcoholic drinks, peanuts, melons, cheeses and dried fruits. Cow's milk contains lactose (sugar) and is potentially one of the most allergy-forming foods and should be avoided for some time, especially until the digestive system has much improved. I'm big on removing all potentially allergenic foods from the diet as well, because most with a chronic yeast infection have developed a "leaky gut" (gastro-intestinal permeability) and have an increased risk of food allergies because of it. Please read section my two books on diet and nutrition for the psoriasis patient for much more detailed information about one of the important predisposing factors, diet.

- **Alcohol.** Candidiasis patients should also stay away from all alcohol since it is composed of fermented and refined sugar. It is more toxic than sugar in candida problems and really feeds the yeast. Alcohol suppresses the immune system, disturbs the entire digestive system, and there is no doubt that it makes anyone with psoriasis who has an underlying Candida yeast infection feel much worse in the long run.

I have seen several psoriasis patients in particular who find it almost impossible to stay away from alcohol yet whom have digestive issues, psoriatic skin complaints and fatigue. This to me is saying that you have a money problem yet you keep taking on more credit with the bank and continue a gambling habit. Of course you have a problem, and the cause is right under your nose but you are either in denial or you just can't be bothered. With women it is often the wine and chocolate, with guys it will be beer or wine. I can't think of any food or beverage more destructive for the patient who has psoriasis than alcohol. The more resistant the patient is in wanting to give up all alcohol entirely for at least 6 months (to allow the digestive system to recover), the more likely it is that alcohol is underpinning their psoriatic condition.

Many patients with Candida will also be found to have anxiety, mood swings, impatience, irritability and even depression. These conditions appear to go hand in hand with chronic candida sufferers, especially if regular alcohol intake is apparent. Some candidiasis sufferers will feel, and appear to be, intoxicated. An unusual symptom of certain people with severe candidiasis is the presence of alcohol in the blood stream even when none has been consumed. First discovered in Japan, and called "drunk disease," this condition creates strains of candida albicans which turn acetaldehyde (which is the chemical created by sugar and yeast fermentation and as a waste by-product of candida) into ethanol. This is a process well understood by distillers of homemade brew.

A medical test has been developed in which, after an overnight fast, the individual is given 100 grams of pure sugar. Blood samples taken both

before the sugar loading, and an hour after, are measured for alcohol. An increase of alcohol indicates yeast "auto-brewery" intoxication. Another connection between alcohol and candidiasis has been found in a study of 213 alcoholics at a recovery center in Minneapolis, USA. Test and questionnaire results indicated that candidiasis is a common complication of moderately heavy drinkers and alcoholics due to the combination of high sugar content in alcohol and the inability of drinker to assimilate nutrients. Additionally, female heavy drinkers with candidiasis were significantly sicker than non-drinking women with candidiasis.

Many of the symptoms exhibited in drinkers such as insomnia, depression, loss of libido, headaches, sinusitis/post-nasal drip, digestion and intestinal complaints, overlap with those in candida overgrowth.

- **Reduced Digestive Function.** A common theme with many patients with yeast infections is an impaired ability of the upper digestive system to function adequately. It's amazing how common those drug advertisements are on the TV at night, aimed at "putting out the fire" of an "over-acid" stomach. A condition we commonly see in the clinic is hypochlorhydria, or an under acidity of the stomach. Unfortunately, the symptoms of this condition can include reflux, heartburn or a low-grade feeling of nausea. The doctor may be quick to prescribe an acid blocker (believing the patient has a stomach over-acidity) that relieves the symptom but keeps the patient reliant on a drug continuously. Digestive secretions like hydrochloric acid (stomach) and pancreatic enzymes as well as bile all play a very important role in the inhibition of candida and prevent its infiltration from the small intestine into the bloodstream because they create an environment hostile to yeasts.

A very much over-looked area in natural medicine, and completely over-looked in conventional medicine, is the recommendation of digestive enzymes. A reduced or poor output of enzymes like amylase due to stress, alcohol, soda drinks, sugars, etc., will create incomplete digestion of proteins and carbohydrates and predispose the person to the development of intestinal toxemia and food allergies, as well as yeast infections. Bowel toxins are more easily formed creating a problem for the intestinal tract, leading the unsuspecting patient and practitioner on a progressively downward spiral of chronic fatigue, increasing allergies, mental and emotional irritability and "unexplained" digestive problems, sometimes for many, many years. A little known fact is that an important role of the pancreatic enzymes is to prevent any unwanted bacteria, yeasts or parasites from entering into the small intestine, preventing their overgrowth. This is one of the main reasons I recommend most all patients with yeast infection to take a top-quality digestive enzyme to help the digestive secretions along.

- **Pancreatic insufficiency** Some of my best success stories in the clinic come from treating pancreatic problems in patients who were passed-off by their practitioner as being in the too hard basket or just plain unresponsive to their regular treatments. Some of the most difficult of all candida cases I've seen have at times proven to be the pancreatic insufficiency patients, and this is a good tip if you are a practitioner reading this right now. Take a

digestive enzyme product (containing amylase in particular) if you suspect problems here. Your patient will be glad she did.

- **Liver/gallbladder cases** The second category of difficult digestive cases I tend to see with regards to the unresolved candida cases are those women with obstructed livers and congested gallbladder function. Liver and gallbladder stones and gravel are very common indeed, and most people will have some degree of stones. As the stones grow in size and become more numerous, the liver and gallbladder become increasingly compromised in their ability to make and expel bile. This prevents the liver from eliminating harmful substances like parasites, bacteria, yeasts and many different chemicals. Cholesterol levels may rise and frequently drop down after a liver/gallbladder cleanse.

In addition, stones are porous and contain bacteria, yeasts, parasites, viruses and various other pathogens and chemicals. This way, nests of potential infection and re-infection form that can repeatedly seed the body, often causing "unexplained" infections. A healthy liver will normally filter candida toxins from the blood, and many expert practitioners believe that conditions especially like psoriasis come about due to the liver's impaired ability to filter the candida toxins.

Psoriasis Case History - Alan, 58 years

Alan and Susan (not their real names of course) are patients well known to our practice. Together they own and run a large and highly successful national franchise chain, and have worked hard all their lives to achieve the amazing level of success they now enjoy. Alan is a diabetic (Type 2 diabetes) who has a major case of psoriasis that occasionally used to spiral out of control. The scaly patches of skin up his arms and legs are quite an embarrassment to him and he once mentioned to me that would dearly love to have a clear skin for the summertime when he enjoys golf and the beach. The problem is that Alan also really enjoys red wine and chocolate, and these only helped to promote his psoriasis.

After a successful bowel and liver detoxification program (outlined in my book entitled *Psoriasis, Internal Cleansing And Detox*), Alan experienced an almost total and complete remission of his psoriasis. Presently, when Alan does decide to adhere to the principles of the Psoriasis Program, he does not have any flare-up of his psoriasis, but when he wanders off track for too long with his beloved red wine and chocolate, it returns with a vengeance. Psoriasis and yeast infections are very commonly found together, and if you follow the principles of eating without sugar-laden foods and engage in a good detox you will find to your surprise that your psoriasis will most certainly clear up and stay that way, only to return if you go back to your old ways and maintain these ways for weeks on end. You will need to work out for yourself whether you want a skin free from psoriatic lesions, and more importantly, to what extent you are willing to put up with psoriasis based on your level of "offending". Some can only offend a little, whereas others can offend a lot and are willing to put up with a lot. The ball is in your court. I have witnessed this with several hundred psoriasis cases in my clinic.

- **Nutritional Deficiencies.** Optimal immune function relies on optimal nutritional levels, and virtually any nutritional deficiency can lead to a compromised immune system. Possibly the most important nutrients in this respect are iron, folic acid, magnesium, essential fatty acids, zinc, selenium, vitamins A, C, D and E and B₆. There are ample studies that document that deficiencies of these key nutrients in particular contribute to chronic yeast infections.
- **Reduced immune function.** Once a person's immune system becomes compromised, a yeast infection can get the upper hand and it stands to reason that a healthy and vibrant immune system is an important prerequisite in overcoming and successfully crushing a yeast infection.

This is also one of the main reasons why a yeast infection can become a recurrent problem spanning many years, there could be an underlying and unresolved chronic low-grade problem preventing the immune system from working at its full capacity. Your immune system can become weakened by many different factors, including drug use, nutritional deficiencies, stress, various chronic diseases like cancer, diabetes, hepatitis, diseased teeth, heavy metal toxicity, being HIV positive, etc.

I have written previously about the liver gallbladder containing and stones and gravel potentially harboring bacteria and viruses. The tonsils, appendix, and ileocecal valve (the connection between your small and large bowel) and especially suspect, diseased teeth (and their roots) are all common places for bugs to hide-out and become potential hot-spots for viruses, yeasts and bacteria. This is an extremely commonly over-looked area in medical but also in natural medical practice. Your body is clever in that your immune system will produce antibodies to respond to a particular antigen, and an antigen is something your body senses as foreign which stimulates a response by the immune system. Candida itself has many antigens, and there can be an inborn inherent defect of your immune system that stimulates a strong response against one or more particular antigens. There are great variations also in the response to these antigens, because we are all biochemically individual.

Our ability to handle a yeast infection varies greatly from one individual to another, and some people will be more able than others to keep candida under control and limit its spread. The most common areas for candida to spread in your body, the hot spots, are into the throat, the mouth/tongue and into the vaginal area (thrush), the feet (athlete's foot), the groin and armpits. These areas will then flare-up as the body's resistance drops, and every person with a yeast infection will tend to have his or her "weak spot". These weak spots will then typically flare up from time to time due to factors such as stress, poor nutrition, lack of sufficient sleep, pollution/toxicity as well as the use of pharmaceutical drugs which all serve to weaken the immune system even further. Eventually, over a longer period of time as your immune system becomes increasingly weaker, the yeast infection will be less inclined to invoke acute flare-ups, but will tend to remain symptomatic in a semi-permanent or a chronic state.

All patients who see me can remember those initial flare-ups of their yeast infection, and can then recount over time how the symptoms became more regular and then daily.

Eventually their life becomes so compromised that all they do is try to counter the increasing severity of their yeast infection with a larger and larger array of pills and potions, different therapies, different practitioners, until the whole thing starts to spiral out of control. As you can see, one of the primary objectives of the Psoriasis Program is to help you identify and remove these weak spots, to boost immunity and keep it operating at its maximum level. Be sure to read the book entitled *Psoriasis Stress and Immunity* for more comprehensive information on how you can achieve this objective.

- **Infections – a major cause.** One of the commonly overlooked causes of a yeast infection was an infection in the past, and the person was prescribed an antibiotic. Candida yeast infections are often precipitated by recurring infections such as bronchitis, sinusitis, or other respiratory infections, urinary tract infections, acne skin infections. The more severe the infection, the more likely that antibiotics will be repeatedly prescribed and the more likely that increasingly stronger dosages or prescriptions are used. Some doctors seem to think “the bigger the problem the bigger the hammer” and will continually prescribe these drugs, sometimes for years.
- **Oral Contraceptive Pill Use.** One of the devastating effects I have seen in many women over the years that have complained of thrush and endometriosis is the long-term use of the oral contraceptive pill. I have certainly seen a strong correlation with women who have had a history of thrush and who used suppressive drug treatments to “cure” the complaint and who then went on to develop endometriosis. The most widespread use of pharmaceutical steroids is not in inhalers for asthma, nor in steroid creams for bothersome skin – but in the use of the contraceptive pill. This type of “medication” has a subtle but powerfully suppressive effect on the immune system as well, for it undermines the liver’s function profoundly.
- **Antibiotics and Yeast Infections.** According to many authorities in natural medicine, antibiotics may be the single greatest cause of candidiasis, because antibiotic treatment for infections is non-discriminatory, killing the good intestinal chemistry-balancing bacteria, as well as the bad infection-causing bacteria. Since antibiotics were discovered in the late 1940’s, the incidence of diseases related to the digestive system has increased dramatically. And candida is no exception; we have seen an alarming increase in candida overgrowth since antibiotics were first used in medical practice. A tremendous amount of research articles have been published since the 1950’s with regard to candida and antibiotic use. Since then, more than 27,000 articles have been published on this association alone. That’s enough research to enable you to study one paper every single day for the next 73 years. The common thread I have noticed in many of these articles is that the regular use of antibiotic drugs leads to the development of a yeast infection.

Let me enlighten you a little about how candida infections and their link with antibiotics, a link initially discovered by an American doctor not long after antibiotics were first introduced into general practice. When antibiotics were first developed, they contained an antifungal medicine built in to discourage the re-growth of fungal conditions that commonly occurs after a course of antibiotics. Not long after, the antifungal component was taken away, splitting these drugs into two different drugs, an anti fungal and an antibiotic drug. Further down the track when antibiotics were introduced into the food chain the problem became even worse, and today there are many animal types of meat that contain traces of antibiotics, for example commercial poultry.

Not long after, also in the early 1950's, Dr. Orian Truss discovered the devastating effects of these antibiotics in an American hospital. During a hospital round, an elderly looking man who appeared to look as if he was dying intrigued Dr. Truss. But this was no elderly man; this man was in his forties and in hospital for several months. No medical expert was able to make a diagnosis, they simply couldn't figure out why he wasn't getting better. Out of curiosity, Dr. Truss asked the patient when he was last completely well.

The man answered that he was well until six months before when he had cut his finger He had then received antibiotics and shortly afterwards developed diarrhea and his health has deteriorated ever since. Truss had plenty of experience and had seen a few years before how antibiotics caused diarrhea and he learned that fungal conditions such as candida were opportunistic and thrived in debilitated patients. Dr. Truss treated the man's candida infection which not only cleared rapidly, but the health improved remarkably overall.

Like many practitioners, I have seen countless cases of patients who have never been well since one or several rounds of antibiotics. Antibiotics are almost not necessary in most instances, in fact, and I have never used them with my family for more over twenty years. My four children have had the usual coughs, colds, cuts and broken bones, yet we have never once had to resort to antibiotics, not one single time. I have seen patients who have been unsuccessful on long-term antibiotic treatment recover within weeks with natural medicines when correctly administered. Quality natural medicines *do work* with infections and I am emphatic in the belief that antibiotics ("anti-life") may only really necessary in bacterial pneumonia.

You may have different views, but I believe that conventional medicine is still based largely on the fear factor, and if you make somebody scared enough you can have them submit more easily to your way of treatment. Your patient may do something that he or she may later regret like an unnecessary operation, taking a drug long-term or undergo an unnecessary invasive medical procedure.

In the half percent of the cases in which antibiotics are absolutely necessary, the serious after-effects of antibiotic drugs could easily have be avoided using a probiotic. It never ceases to amaze me how readily many doctors still prescribe antibiotics for a simple cut to the finger as a

“precautionary” measure. Yeast infected patients are at a particularly high risk of such prescribing when visiting their doctor with various ear, nose, throat or skin infections. When beneficial bacterium were recommended in the 1960’s in therapy they were not taken seriously by the majority of those in medicine, but today things are different and there has been a big shift towards recommending them after antibiotics, lactobacillus acidophilus is one such bacterium killed by antibiotics and highly recommended. A few years ago you didn’t hear much about probiotics; today they are big news on TV and in the chemist shop and health-food shop. Lactobacillus species happily reside in your intestines where they assist in the breakdown of foods like proteins and carbohydrates in lactic acid that allows your digestive system to maintain a balance between the good and not so good bacteria and yeasts.

Candida and other pathogenic yeasts start to grow and overtake the friendly bacteria once the friendly bacteria are in decline. But what happens as the bad bugs grow and multiply, and multiple courses of antibiotics are given, is that each successive generation becomes a little more antibiotic-resistant than the last.

And the consequence of this is that increasingly higher dosages and stronger antibiotics are required. And so the yeast infection grows. It is most unfortunate that many in general doubt the effectiveness of natural medicines against apparently serious infections, but experience leads me to believe that natural therapies are just as effective if not even more so, yet without causing the chronic and recurring fungal or other opportunistic infections usually seen after antibiotics.

Dr. Orion Truss who himself had completed much research into antibiotics and their side-effects, was a firm believer that antibiotics cause more harm than good in most instances. He frequently used to say that antibiotics were often used “inadvisably”, and in many cases were they had no role to play in healing. For example, in situations of incorrectly diagnosed viral or fungal infections, in which case there is the strong likelihood of an actual worsening of the case. Truss was very much against the routine prescribing of tetracycline for acne, and believed that there was no way of controlling resulting yeast infections with routine prescriptions of antibiotics or the Pill. Truss discovered in fact that in many cases acne was as a direct result of a yeast infection, which worsened rather than improved on treatment.

- **Antibiotics in the Food Chain** At this point it is worth mentioning that there is another often totally ignored source of antibiotics and hormonal residues coming into your diet, this is of course the commercially raised meat and especially poultry you may well be consuming. Antibiotics and hormones are fed to commercially raised animals to control their heightened susceptibility towards diseases in addition to speed up their rate or growth. I can remember reading about this in the early 1980’s in many candida books, that authors showed concerns about these chemicals in our daily food supply and that back then, just like today, that little research if any, has ever been conducted on the link between yeast infection and commercially raised meat. It is the ongoing and low levels of these _

chemicals in our diets that are a part of the problem, and my advice for you is to avoid commercially raised poultry in particular, and go for free range instead. These companies will be quick to mention that they use “no growth hormones”, but there is no mention of the antibiotics that they nearly always use because of the way they house their chickens.

- **Steroidal Drugs.** Needless to say, I am not a big fan of steroidal drugs with psoriasis patients for too many reasons to mention in this book. Steroidal drugs produce side effects in almost every system of the body. They disturb the delicate hormonal system and by doing so disturb a person’s entire body chemistry. In particular, they cause strong suppression of the adrenal gland that produces the body’s own natural steroidal drugs such as cortisone. A short course of prednisone for a few days to one week will not produce a great deal of side effects, but repeated courses can result in significant side effects and some patients we see have been on steroids for more than twenty years. Steroids are implicated in causing fermentation dysbiosis with yeast infections.

For many years, fungal infections in those who were taking steroidal medications were considered as "nuisance diseases" such as athlete’s foot or vaginal yeast infections. However, advances in medical technology, including organ and bone marrow transplants, chemotherapy, and the increased use of antibiotics have only added to the increase in fungal infections.

Are you taking a steroidal inhaler for your asthma, a sinus steroid spray for your sinusitis, or maybe a steroidal tablet to suppress your immune system due to an inflammatory illness like rheumatoid arthritis? You may want to be particularly vigilant because you will be at a particularly high risk of developing a yeast infection due to the immune-suppressing effects of the steroid drugs. I highly recommend that you speak to your health-care professional about your concerns and to see if you can either reduce the dosage or switch to a different class of drug with less side effects.

- **Non-Steroidal Anti-Inflammatory Drugs (NSAIDS)** This group of drugs comprises any drug which has an anti-inflammatory action yet is not steroidal in nature, such as Ibuprofen (Advil, Motrin), Aspirin (Ecotrin), Naproxen (Naprosyn and Midol), Diclofenac (Voltaren) and Acetaminophen (Panadol or Tylenol). Are you taking one of these drugs long-term? WHY? Do you know the damage they are causing to your digestive system? There is no question that the risks of NSAIDs can be serious, even life-threatening. According to the American Gastroenterological Association (AGA), each year the side effects of NSAIDs hospitalize over 100,000 people and kill 16,500 in the U.S alone, often to bleeding stomach ulcers.

I’ll be writing and talking a lot more in the future about the horrific affects I see daily in my clinic with these terrible “medicines” which are so widely and freely recommended and taken by so many people yet are so incredibly damaging to the liver, stomach and digestive system in general. I am

worried about the many different chronic digestive problems I've been seeing in patients who take these drugs, sometimes for years on end with serious health issues.

Huge pharmaceutical drug company spending is thrown at these poisons, as they are a big cash cow for the drug companies. Once a person is hooked on the belief that a pill will take away all their pain, there is no reason to look at the underlying cause of this pain. And in many cases it will be found to be some kind of stress related to muscular tension. Remember I said previously that there is no profit in prevention, only treatment? Time to wake up, the only way to get you health back on track is to address the cause, regardless of whether you are suffering from a headache, backache, period pain or psoriasis.

Gastric bleeding and all manner of blood and immune based problems occur in those who take NSAIDS long-term, and I've seen in my clinic many patients with ulcerative colitis and Crohn's disease who took NSAIDS regularly. Many patients with chronic candida have a past and present history of taking some kind NSAID drug. Are you a routine pill-popper whenever you have a backache, headache or menstrual pain? You may be causing a lot more harm than good. I'll stick with my daily pill, a chill pill called relaxation; it seems to work wonders at preventing my stress-related aches and pains.

- **The Oral Contraceptive Pill and Yeast Infections.** Dr. Truss also learned that about 35% of women who take the oral contraceptive pill have acute vaginal candidiasis associated with it. Truss mentioned "Chronic yeast vaginitis tends to be at its worst when progesterone levels are at their highest, as in pregnancy, or during the luteal phase of the menstrual cycle". Truss felt that the progesterone component of the Pill might well be responsible for the increased incidence of vaginal thrush whilst on the Pill.

Taking into account the 35% of women who develop thrush while on the Pill, we must also understand then that about 65% of women don't. This again highlights the fact that genetic weaknesses are possible that one third of women have a heightened susceptibility.

And in these cases it is important to control the factors which are under our control and which may make a difference, such as taking antibiotics, the Pill, as well as other factors like stress and nutritional requirements.

Any intelligent approach to eradicating a yeast infection permanently surely must take into account these factors, and these include building up our immune system and reducing the aggravating factors that help sustain the yeast infection in advance. The most important point here is eliminating the use of antibiotics (unless in serious situations like blood poisoning, bacterial pneumonia, etc.) and the avoidance of hormones and steroids.

Diabetics are particularly prone to candida yeast infections as their alterations in blood sugar levels can make them more prone to sugar cravings. For this reason, those with diabetes must be even more rigorous in their efforts to control candida. I've seen many women in my clinic who started early on life taking an antibiotic regularly, is it any wonder that many of these women eventually develop endometriosis?

- **Stress.** Stress is a frequently overlooked exciting cause in yeast infection is stress, which can be of psychological, emotional, environmental, or infectious in origin or a combination of many of these causes. My stress-mentor Dr. James Wilson, author of the book "Adrenal Fatigue, The 21st Century Stress Syndrome" has taught me a considerable amount about stress over the past 5 years.

References

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