

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.



®

Supplement to *The Art of Getting Well* Candidiasis: Scourge of Arthritis

Sources are given in references.

Authors of contributions/quotations are alphabetically arranged; major author, if any, is underlined.

Raymond Keith Brown, M.D., James P. Carter, M.D., Dr. P.H., Stephan Cooter, Ph.D., William B. Crook, M.D., Frederic Damrau, M.D., Paul A. Goldberg, M.P.H., D.C., Barbara W. Higa, R.D., Dr. Carol Jessup, Benjamin H.S. Lau, M.D., Ph.D., William G. Neely, D.C., Dr. Henzi Ponzi, Gus J. Prosch, Jr., M.D., Dennis W. Remington, M.D., Dr. Schmitt, Dr. Schwyzer, John Parks Trowbridge, M.D., Orian Truss, M.D./Responsible editor/writer Anthony di Fabio.

Copyright 1994

All rights reserved by the The Roger Wyburn-Mason and Jack M. Blount Foundation for

Eradication of Rheumatoid Disease AKA The Arthritis Trust of America ®,

7376 Walker Road, Fairview, Tn 37062

Permission to publish granted to *Townsend Letter for Doctors*, 911 Tyler St., Port Townsend, WA 98368-6541, January 1995, p. 64; permission granted to publish via internet, m, January 25, 1995, cannot be reproduced except in its entirety with this

copyright notice and reference to source, as described above.

Introduction

According to the *Candida Research and Information Foundation Newsletter*⁹, "The numbers continue to grow of people of all ages presenting with what has become an all too familiar set of symptoms who are told by their doctors to see a psychiatrist, to grow up, to have an affair, to go get a job, or simply laughed out of the office . . . among the many stories. . . there is indeed a problem -- a serious problem . . . affecting the young and the elderly and all age groups in between."

The article, of course, is speaking of the wide-spread, modern disease known as Candidiasis and also known as monilia when found in the mouth.

The fact that arthritis' immunological systems are not working properly has led medical research, through pharmaceutical companies, to search for a means of "modulating" the immunological system. All arthritis do, indeed, have something wrong with their immunological system, but this is hardly a logical reason for further damaging it by means of cytotoxic drugs, gold, penicillamine or long-term corticosteroids. Indeed, this is also not a scientific rationale for assuming that the cause of Rheumatoid Diseases is because of the obviously overloaded and weakened immunological system.

Heavy use of antibiotics will knock out the "good guys" microflora in our intestinal tracts, and that fact in turn permits organisms of opportunity, such as the ever-present yeast organism *Candida albicans* to take over. The disease that results, Candidiasis, is not yet recognized by orthodox medical practitioners, but its symptoms and effects are becoming ever more obvious to all. Whether or not the only cause for Chronic Fatigue Syndrome is *Candida albicans* is not known, but that it is a major cause of the symptomology can be readily assumed based on improvement that follows when Candidiasis is treated against. Even less known by established medical practitioners is that "vaginal candidiasis does not occur naturally

while concomitant of *Candida albicans* within the large bowel and that a 'cure' is not likely as long as the vagina remains the only treatment target²⁵." It bears repeating several times: a vaginal yeast infection is an outward sign of a system-wide invasion.

According to Raymond Keith Brown, M.D., "Candidal infections, by depressing T₄ lymphocytes can reverse T₄/T₈ lymphocyte ratios, independently of the presence of the AIDS virus.

"Candida's presence, normally contained on skin, mucous membranes, or in the bowel, can be compromised by immunodeficient states usually induced by diabetes, pregnancy, or certain drugs. The latter include antibiotics, steroids, birth control pills, and chemotherapy. Thrush, common in infants before the full development of their immune systems, is frequent in immunocompromised individuals, regardless of their AIDS status.

"Chronic and often undetected, candidal infections are regularly associated with symptoms linked to every system of the body. Yeast cells (which are normally harmless and found within the intestinal tract) can be compromised by antibiotics, acid-base imbalances, nutritional deficiencies or parasites, so that they lose their protective cell-walls. Invading and distorting the intestinal wall with mycelia (root-like projections), they disturb the absorptive capacity of the gut. Considered part of 'the leaky gut syndrome,' they allow multiple antigens and toxins to enter the blood stream and spread throughout the body. Food allergies, although seldom diagnosed, are tied to this aspect of gastrointestinal dysfunction.

"The presence of candida can increase the toxicity of staphylococcal infections by multiples of 100,000, thereby suggesting a strong association with toxic shock syndrome. The latter, one of the medical mysteries of the 1970's. . . ."²³

According to James P. Carter, M.D., Dr. P.H., "Iwata in Japan discovered nearly twenty years ago that *Candida* species produce toxins. . . . injecting *Candida* toxin into mice showed that it caused immuno-suppression, among other abnormalities. . . In 1977, *JAMA* published the results of a study done at Michigan State University on college students who had recurrent vaginal Candidiasis. The authors pointed out that it was insufficient to treat only the vaginal infection. They also recommended changes in diet and lifestyle and suggested back then (1977), that the infection may have some effects on the immune system⁸."

All arthritis, by virtue of their overloaded and weakened immune system, suffer also from Candidiasis, or "organisms of opportunity" similar to Candidiasis. Arthritis who are presumed to already have a weakened immune system, and who are obviously suffering from Candidiasis, certainly don't need another factor to further stress their immune system!

Candidiasis also creates additional food allergies, over time.

Therefore, in addition to, say, symptoms caused by the disease of Rheumatoid Arthritis, victims also suffer from Candidiasis and food allergies, both of which not only add their own disease burdens to the arthritic, but both of which may also produce additional symptoms that can mimic those of Arthritis.

As the latter two conditions, Candidiasis and food allergies, often go unrecognized by traditional practitioners, all symptoms are blamed on the disease called Rheumatoid Arthritis.

All Arthritis should consider as part of their overall "get well" program treatment against Candidiasis.

Candidiasis, a yeast/fungus organism that seems to be everywhere, was first defined (*The Missing Diagnosis*) as a set of manifesting symptoms or syndrome by Orian Truss, M.D. of Birmingham, Al¹.

William B. Crook, M.D. of Jackson, Tennessee popularized Truss's findings in his book, *The Yeast Connection*². Other physicians have also added to the popularization, such as Morton Walker, D.P.M.

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

and John Parks Trowbridge, M.D.³, *The Yeast Syndrome*, Dennis W. Remington, M.D. and Barbara W. Higa, R.D., *Back to Health*⁴.

Subsequent investigations by many physicians seems to have verified Truss's findings, and slowly but surely it is being accepted by the ultra-conservative medical establishment as a properly defined and diagnosed disease.

Candida albicans, which is found most everywhere, invades various parts of bodily tissues, resulting in localized infections. Common sites of infection are the mouth as in infant Thrush, gastrointestinal tract, vagina, urinary tract, prostate gland and skin and fingernails and toenails.

Under normal conditions our bodies are able to resist this invasion, as it does other germs. However, whenever various substances weaken the immunological system, the yeast/fungus organism begins to spread, and in the spreading creates virtual havoc throughout the body parts and systems.

The yeast/fungus invasion may cripple the immune system so that it can no longer repel invaders. It can create allergies to chemicals and foods. It is believed that it invades the intestinal wall where toxins from microorganisms and protein molecules from your food enter the blood stream, being there recognized by antibodies as a foreign antigen. Because proteins are derived from common DNA (gene molecule) structure, each time a new protein enters directly into the bloodstream, it, too, can become recognized as a foreign invader, and thus a "cross-reactivity" occurs, causing one to have increasingly more food allergies.

Yeast, remember, feeds on sugars and carbohydrates that easily convert to sugars. In turn, yeasts produce a series of chemical products as waste among which are acetaldehyde and ethanol. Ethanol is alcohol, and there are cases of people on record who have never drunk a drop of alcohol yet are daily inebriated. Acetaldehyde is produced as the alcohol breaks down and is about six times more toxic to brain tissue than ethanol. These two chemicals are probably responsible for the following effects, according to Dr. Orian Truss¹:

1. Cell membrane defects, damage to red and white blood cells and other problems.
2. Enzyme destruction. Enzymes are the key to breaking down foods in the body so that they can be utilized as nourishment.
3. Abnormal hormone response. Hormones regulate your bodily functions.

Some of the symptoms caused by *Candida albicans* are these:

1. Allergic reactions.
2. Gastrointestinal problems: bloating and gas, diarrhea, abdominal pain, gastritis, gastric ulcers, constipation, and many others.
3. Respiratory system: sore throat, sore mouth, contribution to sinus infections, bronchial infections and pneumonia.
4. Cardiovascular system: palpitations, rapid pulse rate, pounding heart.
5. Genitourinary system: vaginitis, frequent urination, lack of bladder control, itchy rashes, etc.
6. Musculoskeletal system: muscle weakness, leg pains, muscle stiffness, slow coordination, and so on.
7. Central Nervous system: Headaches, poor brain function, poor short-term memory, fuzzy thinking and so on.
8. Fatigue is extremely common as impaired metabolism doesn't enable the body to get enough fuel and impaired enzyme functioning inhibits energy production.
9. Weight gain is common.

As can be observed by reviewing the above characteristic symptoms (which are not complete) many similar symptoms may "present" with Rheumatoid Disease. It is often difficult to discriminate between one cause and another as diseases operate on the

same tissues, the same organs, producing similar symptoms, in similar ways.

I recommend that you read the books listed in the references.

Rheumatoid Disease spreads with a weakening of the immunological system. *Candida albicans* spreads with a weakening of the immunological system.

Rheumatoid Disease as well as Candidiasis seems to lead to food allergies and other kinds of allergies over time.

Both diseases produce similar symptoms in many bodily tissues.

Both diseases are systemic in nature.

A Candidiasis victim does not necessarily have Rheumatoid Disease, but a Rheumatoid Disease victim almost certainly suffers from Candidiasis.

Candidiasis spreads with the use of almost any kind of surgery where antibiotics were used, or if you've been given antibiotics orally for any purpose you probably suffer from some degree of Candidiasis. Why? Because the antibiotics kill off the "good-guys" bacteria required in your intestinal tract for good nutrition, the yeast/fungus spreads, taking the "good-guy's" place, and sending rootlets into the intestinal mucosa, and helping to age your total system. These "good guys," such as *Lactobacillus acidophilus*, need to be replaced⁵.

Candidiasis is usually controlled through a combination of diet control and medicines some of which are prescription and some non-prescription. Usually the physician who suspects Candidiasis also attempts to strengthen the immunological system by one means or another.

It is important to replace the yeast in the intestinal tract with Lactobacilli as well⁵. If you are to use one of our recommended prescription medicines, metronidazole, the human body cannot metabolize it, according to a research pharmacologist⁶, and requires *Lactobacillus acidophilus* for its metabolization. Metronidazole is one of the widely used forms of nitroimidazoles for treating and curing Rheumatoid Arthritis.

Here is another reason to take it. *Lactobacillus acidophilus* helps digest food and especially milk sugar. Some varieties also synthesize vitamin B and some reduce serum cholesterol levels.

While increasingly mounting evidence is being accumulated by traditional medical practitioners that Candidiasis is a real syndrome, much controversy still exists. Allergists, immunologists, and gynecologists see this syndrome as a fictional one, probably because the manifestations are seen too often, the need for treatment too frequent, the testing for its presence and effect too inadequate, and because almost everyone suddenly has become an expert in its presence or absence. Most shocking, since many rheumatologists do not recognize Systemic Candidiasis as a problem, they often misdiagnose the condition as being that of Rheumatoid Arthritis, and mistreat accordingly.

Paul A. Goldberg, M.P.H., D.C. says, "In 1977 I was a graduate assistant at the University of Texas Medical Center (School of Public Health) in Houston, TX. I had the opportunity to observe many cancer patients at the M.D. Anderson Tumor Institute there. Many (perhaps most) had 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. Most sick people have yeast overgrowth... but yeast overgrowth is not what makes so many people sick -- rather it is their lowered resistance. So, as our population continues to develop more and more degenerative ailments, what do we do? As a 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 folks has got to be changed in some very fundamental ways.

"Why do so many people with candidiasis never get well? Perhaps, as suggested, it is because of changing yeast forms, not strict

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

enough diet, not enough time given to treatment, etc. -- but it is also because the real resistance of the patient never has the chance to really increase.

"Rest, sleep, sunshine, peace of mind, a conducive healing environment, none of these things are provided. So -- armed with only a few drugs, supplements, and diet, a few recover partially, but many stay ill²⁷."

Testing for Candidiasis

Most "testing" for the presence of Candidiasis takes place by means of a questionnaire which the patient fills out and the questionnaire is then evaluated by either a physician or a medical technician. If a score of a predetermined criteria is reached, one is at risk for having the syndrome, otherwise probably not.

Usually the questionnaire is based on some variation of detail of the following characteristics, as listed by Morton Walker, D.P.M. and John Parks Trowbridge, M.D.³:

1. Feeling lousy all over, even after having had many treatments;
2. Cause of rotten feeling can't be identified;
3. Patient has had repeated courses of antibiotics;
4. Subconscious preference for foods made with yeast -- bread, beer, wine, alcohol, and certain cheeses;
5. Craving for sweets and other sugar-containing edibles;
6. Insistent desire for refined simple carbohydrates -- candy, chocolate, cake, cookies, soda pop, junk foods;
7. Discovery that sweets and simple carbohydrates give a quick pick-up followed by a letdown;
8. Low blood sugar;
9. Usually high preference for alcoholic beverages;
10. Usage of birth control pills;
11. Usage of corticosteroids or other anti-inflammatory or immunosuppressive drugs;
12. Multiple pregnancies;
13. Abdominal pain, vaginal infections, PMS, menstrual irregularities, discomfort during sex, loss of libido and/or impotence;
14. Athlete's foot, jock itch, fungus infection of finger and/or toenails, fungus infection of skin;
15. Feel more tired on damp days or in moldy places such as basements, cellars or working in garden; and
16. Discomfort in proximity of smoke, chemicals and/or perfumes.

Usually a high score on listing made from these characteristics is a very good indication of suffering from Candidiasis.

There are accredited laboratories that perform accurate, objective testing for the presence of the organism. Such tests may be done in two stages, the first called the Micro-ELISA technique that detects circulating levels of Candida antigens, Candida antibodies IgG, A and M, and immune complexes. In the second stage of the test, the patient's lymphocytes (white cells) are challenged with Candida to evaluate inhibition of lymphocyte multiplication by budding (blastogenesis).

Treatment for Candidiasis

There are a number of recommendations for the treatment of Candidiasis, most of them relying on diet, a particular fatty acid, or a substance damaging to the yeast organism but not to human cells.

The prescription drug, Ketoconazole, is used by some physicians.

Some use combinations of the above, coupled with mechanical or other means for cleaning out the intestinal tract.

The probable reason for so many approaches is because some physicians see improvements by one means, and stay with that means, while others see improvement by other treatments, and so favor that means. What most physicians do not recognize is that *Candida albicans* has six switching mechanisms¹⁰, and seven viable forms, the

last being a cell-wall deficient form^{11,12}. While it is well known among microbiologists, that micro-organisms will change shape and function according to their surrounding environment (i.e., more acid or alkaline, et. al.), it is not very well known among establishment physicians; or, if it is known, it is handily ignored so far as development of appropriate treatments.

A person who is symptomatically infected with *Candida albicans* most likely has the organism spread throughout many different tissues in the body. As different tissues may very well provide differing environments for the organism, it follows that there will be many different forms of the organism throughout the body. For example, a cell wall deficient form, not being recognized by the host's immune system, will float around in the blood stream until it changes to one of the other six forms. The blood stream, then, would provide a constant foci of infection for the organism. If only the intestinal tract is treated -- as many physicians do -- then there will be a constant return of the organism after what appears to be a "cure" takes place.

The reason that *Candida albicans*, and other organisms of opportunity, have so many switching mechanisms is because they, like us, wish to survive, especially so as a species. They've spent many millions of years "learning" how to survive.

It is because of the seven viable forms taken up by *Candida albicans* that a particular treatment produces (1) extremely slow patient response, or (2) no response at all.

This conclusion derives from more than 20 years of responding to telephone calls at The Rheumatoid Disease Foundation, and to reading and listening to many fine clinicians on the subject of Candidiasis, and is the editor's personal opinion.

My conclusion, therefore, has been that if Candidiasis is to be effectively and quickly treated, all forms of treatment should be used either at the same time, or in as quick a succession as medically possible. Some of these will be described in detail in what follows.

Ketoconazole (Nizoril)

"Carol Jessup, from the University of California at San Francisco, treated 1,100 CFS patients with the anti-fungal drug ketoconazole, and 84% of these patients showed significant improvement. All of her patients met the Centers for Disease Control's definition of CFS [Chronic Fatigue Syndrome]⁸."

According to one medical doctor⁸, Candidiasis was adequately treated in those patients who tested positive by the above described test within three months by use of prescription drug, Ketoconazole, without any diet being required. He felt that it was "ludicrous to assume that one can 'starve Candida out' by avoidance of sugar, yeast and moldy foods". (Ketoconazole is not one of our recommended 5-nitroimidazoles used for Rheumatoid Disease treatment, despite similarity in name.)

The same physician reported that those who tested negative by the above test (about two-thirds of those who presumed they were affected by the disease according to their own questionnaire) actually suffered from other allergies, hypothyroidism, other infections, heavy metal toxicities (especially mercury) and various types of functional non-specific disorders.

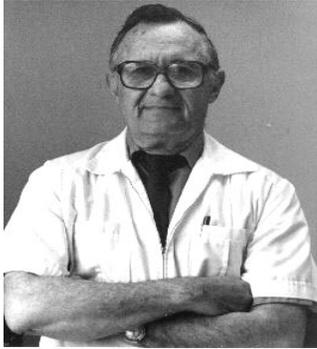
His conservative conclusion was that there are probably some patients with intractable problems who should at least be tested for Candidiasis and if found positive, given a trial therapy such as Ketoconazole.

According to Raymond Keith Brown, M.D., additional "conventional treatment for candidal infection primarily involves antifungal agents such as clotrimazole (Mycellex), administered locally for thrush and esophageal involvements, nystatin (Mycostatin) for bowel therapy, and . . . , Fluconazole, and Itraconazole, for systemic infections. To avoid the side effects of these agents, many practitioners use natural substances, herbals, homeopathy, and acupuncture as possible alterna-

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment. tives²³."

Some physicians will place their suspected Candidiasis candidates on rather extensive, stringent diets sometimes lasting for a year or more along with various medicines both prescription and non-prescription. Usually the diet approach coupled with certain fatty acids that damage the yeast organism, but are harmless to human tissue, is used often in conjunction with Nystatin, also a substance that is harmless to human tissue.

A most complete description of the Chronic Systemic Candidiasis problem and its treatment comes from a paper written for his patients by Gus J. Prosch, Jr., M.D.¹³.



Gus J. Prosch, Jr., M.D. Candidiasis Approach
Chronic Systemic Candidiasis
*The Fungus Among Us*¹³

Every human being from the day of birth lives in a sea of bacteria. Infectious germs known as microbes swim throughout our bodies at all times. These microbes can live in our throat, mouth, nose, gums, gastro-intestinal tract, blood, bladder, vagina, and numerous other body tissues. These microorganisms which 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 they succeed and death follows. Even if we die of causes other than infection, they eventually eat our physical remains. Only healthy cells, organs and tissues within our bodies can effectively defend against infectious microbes.

Microorganisms, whether they are viruses, fungi, bacteria or parasites do not usually cause illness until an individual's host resistance declines. "Host resistance" is a technical term that doctors use to describe the complicated mechanisms by which our bodies fight off infections.

One of the most important defense mechanisms is the destruction of invading germs by our white blood cells, known as leukocytes. These special blood cells actually eat the germs and make them harmless. However, before these white blood cells can even be manufactured in the body, there must be an optimum supply of vitamins, minerals, amino acids and fatty acids. Many of these nutritional supplements, as well as adequate trace minerals, must be available in our bodies in order for these white blood cells to be manufactured properly. If even a single amino acid or fatty acid is deficient or absent from the body, leukocyte production is decreased and may even stop. When this happens, host resistance within the body is diminished and an individual becomes more susceptible to infections of all kinds.

There is another "host resistance" defense mechanism that we need to fight off these microbes, as well as any foreign substance that enters our body. These substances are called antibodies. When our bodies are receiving optimal nutritional support, specialized protein substances known as antibodies are produced. They are also produced by the white blood cells and these substances are constructed from

chains of amino acids (proteins).

Antibodies attack the invading germs and render them susceptible to destruction by other white blood cells. Any germ that enters the body always stimulates antibody production that is specifically targeted against that particular type of microbe and no other. Once the body has made these specific antibodies, the lymph cells (another type of white blood cell) can then reproduce them any time they are needed, provided there are optimum levels of amino acids, vitamins, fatty acids, minerals and trace elements, along with enzymes from which they can be constructed. Therefore, if your antibodies against the tetanus or lock jaw germs (the reason for tetanus vaccinations), for example, have been sensitized, you will more than likely remain free of tetanus even if you are exposed to the tetanus germ. In such a case, your "host resistance," which has been maintained by proper nutritional support, will be functioning properly.

It is important to understand, therefore, that in the real world in which we live, infectious illness occurs not because germs arbitrarily decide to attack our bodies, but illness from germs occurs because our nutritionally deficient, debilitated bodies permit these microbes to set up residence. In short, an opportunist germ is an infectious agent that produces disease only when the circumstances in our body are favorable.

Nutritional deficiencies can severely impair the integrity of a healthy immune system. There are, however, other factors that are also critically involved in resistance to infection. The eating of large amounts of sugar or sugar containing foods, for example, paralyzes the phagocytic capacity (the eating up of germs) by our white blood cells.

Therefore, when you do not get your proper rest and/or exercise, resistance to infectious invasion decreases and it becomes easier for you or anyone to become infected with different germs.

Similarly, severe stress, such as the loss of a loved one, exposure to various chemical irritations, anxiety, chronic food-chemical allergies, and even chronic constipation or diarrhea, are other factors that can influence your resistance to infections. Yet at the top of all these possible causes of poor health, specific nutrient deficiencies must be corrected before you can "get well."

Traditionally, the standard medical treatment for any bacterial infection consists of the administration of some form of antibiotic. Chronic Candidiasis is not like a streptococcus infection that, with the appropriate antibiotic care, one can expect eradication of the organisms from the body for several years.

Typically, with most physicians today, very little or no advice is given to the patient concerning nutritional support for weakened resistance. And, although traditional treatment generally involves drugs and chemicals that may relieve symptomatic disorders, the use of drugs does not cure the underlying nutritional-metabolic deficiencies which are usually the fundamental cause of the illness in the first place.

Antibiotics are very helpful and necessary in treating certain kinds of infectious illnesses. We must never forget, however, that if the nutritional root cause of infectious disease is not treated, illness after illness may continue to occur and often become worse as time goes on.

We must also never forget that typical antibiotic medical treatment aimed at the symptomatic relief of infectious flareups does in fact sometimes produce serious side effects in the form of fungal disorders as well as suppression of the immune system itself.

What is Chronic Systemic Candidiasis

Candida albicans, a form of yeast, is present in all of us not long after birth. It lives in our intestinal tract and is a yeast-like organism which in the infective phase produces a condition called "Thrush" or "Candidiasis."

Most medical practitioners feel that in the absence of the overt or obvious signs of Candidiasis, which is the acute infection stage of

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

Candida albicans, there is no concern about this organism; and because of this, chronic candida overgrowth has not been well recognized. Normally symbiotic bacteria (good germs), proper gastrointestinal pH (acid and alkalinity balance) and the body's immune system keeps *Candida albicans* in check.

Candida albicans is also called an opportunistic organism, because when a human becomes severely debilitated or nutritionally deficient, or if the immune system is compromised, or if the normal defenses (skin, decreased white blood cells, etc.) are bridged, then *Candida* can invade the deeper tissues as well as the blood stream. Before today's modern technological advances, most physicians did not believe that *Candida* could invade the body tissues. However, with the AIDS epidemic worsening, autopsies on patients dying from AIDS (their immune system is totally destroyed) are showing invasion of this *Candida* germ in the brain, lungs and other body tissues. Because of this finding, many physicians are taking a second look at the *Candida* problem and they realize that the germ can invade body tissues and cause systemic disease. Doctors by the hundreds all over America are now taking another look at this problem and many are trying to learn more about how to treat this condition.

Most physicians now recognize that *Candida albicans* can grow out of control in the nurturing environment of the mucosal (lining of the intestine) surfaces. Rapid and sustained *Candida albicans* overgrowth can lead to the pathogenic and often debilitating condition known as "Polysystemic Chronic Candidiasis." This is the fungus form of the disease. This new form of Candidiasis demands recognition and treatment. Many patients with this new form have had their symptoms for several years (chronic) and the symptoms usually involve multiple organ systems (Polysystemic). Because the syndrome produces so many symptoms involving multiple organ systems, it has been labeled Polysystemic Chronic Candidiasis.

Candida albicans is capable of changing its anatomy and physiology as it grows in the intestines. If its growth is mild and not overwhelming, it remains a symbiotic (living naturally in the body), sugar-fermenting organism that may manifest itself in such common conditions as oral thrush or vaginitis. However, if left unchallenged, *Candida albicans* converts into an invasive mycellial fungal form whose rhizoids (finger-like projections) penetrate the gastro-intestinal mucosa causing many types of disease symptoms.

When the mucosa is penetrated by these rhizoids, the absorption of vitamins, minerals, amino acids and fatty acids can be seriously compromised and will further lead to many additional nutritional deficiencies. This breakdown and penetration of the mucosa results in the release of *Candida albicans'* metabolic toxins into the blood stream, along with intestinal substances, including undigested cellular proteins. The results of such far-reaching toxic and antigenic assaults can lead to tissue damage and systemic effects that constitute Polysystemic Chronic Candidiasis.

C. Orian Truss, M.D.¹ told how a yeast-free special diet and antifungal medication helped many of his sick patients to get well. His findings have helped me to help hundreds of patients to health and happiness. He said that the *Candida* organism can increase its numbers during periods of stress or lowered immune potential of the individual.

It is well known that the use of antibiotics for a long period of time can increase the *Candida* population in the intestinal tract, as well as the regular use of oral contraceptive medications and other drugs.

The yeast-like state is non-invasive but when it changes to the fungus form, it is invasive into the body. Penetration of the gastro-intestinal mucosa can break down the boundary between the intestinal tract and the rest of the circulation and allows introduction into the blood stream of many substances which may be antigenic. This may explain why many individuals who have chronic *Candida* overgrowth commonly show a wide variety of food and environmental allergies.

The incompletely digested dietary proteins can then travel into the blood stream and exert a powerful allergic assault on the immune system which is seen as allergy, even producing a wide variety of effects such as cerebral allergy with depression, mood swings and irritability being a result.

Dr. Truss found that the classic test for *Candida albicans* overgrowth, a stool culture, does not always pin-point the chronic infection problem. His experience suggests that a clinical trial of an anti-*Candida* program is best administered when there are symptoms suggesting *Candida* overgrowth. Relying upon stool culture information alone to assess the problem many times leads to a missed diagnosis.

In my practice, I also use a simple urine test known as the "Indican Test" to help me in diagnosing this condition. It has been shown that when the yeast overgrowth plugs up the villi of the intestinal mucosa, a gas known as Indole is formed and this gas is absorbed into the blood stream and carried out through the kidneys. Measuring this Indole in the urine gives me a fairly good indication that a person may be suffering from an overgrowth of *Candida*. This is not a specific test, and is not reliable to determine a patient's response to therapy.

When the *Candida* yeast germ changes to a fungus form it definitely weakens our immune system. Our immune system is also affected adversely by heavy exposure to molds in the air and by exposure to chemicals, especially when this exposure is heavy or continuous. These chemicals may include gasoline, diesel fumes and other petro chemicals, formaldehyde, perfumes, cleaning fluids, insecticides, tobacco, and other indoor and outdoor pollutants.

When your resistance is lessened, you may feel bad "all over" and develop respiratory, digestive and other symptoms, including fatigue, nervousness, depression, muscle aches and genitourinary symptoms, and you are apt to develop sensitivity to additional foods and to numerous chemicals in your environment. Such allergies cause the membranes of your nose, throat, ear, bladder and intestinal tract to swell and you tend to develop nose, throat, sinus, ear, bronchial, bladder and other infections.

Because you develop such infections, you're apt to be given a "broad spectrum" antibiotic by a physician who really does not understand the *Candida* problem. Such antibiotics promote the growth of *Candida* and your illness may continue until the cycle is interrupted by a comprehensive program designed to decrease the growth of *Candida albicans* and increase your resistance.

Since the immune system is involved in fighting *Candida* and other infections, as well as allergies, I have noticed that in many patients, as the fungus overgrowth becomes worse, a patient's allergies become worse, and thus a vicious cycle begins; and the only way to break the cycle is to get the fungus overgrowth treated, which allows the immune system to better fight the allergies. Therefore, when a patient begins treatment for this *Candida* problem the allergies usually begin to get better even though it is a slow process.

Not to diagnose and treat *Candida albicans* is a serious error because I've found that it causes more misery among women and men than all other diseases combined. In fact, I call the condition the great mimetic, because it can mimic almost any disease, from eye infections or allergy to colitis, cystitis, gastritis, brain tumor, multiple sclerosis, [arthritis] and even insanity.

Symptoms

Symptoms may result when the yeast *Candida albicans* succeeds in penetrating the tissues. Some of these symptoms result from allergic reactions to yeast products entering the blood stream from the sites of tissue invasion, while others may be due to toxic mechanisms (non-allergic).

Finally, in the intestinal tract and vagina, the toxins originate, at

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

least in part, from the sites of tissue invasions by this fungus. The yeast toxins affect your immune system, nervous system and endocrine (glandular) system. Moreover, these systems are all connected.

Therefore, fungus toxins play a role in causing allergies, vaginal, bladder, prostate and other infections, as well as fatigue, headache, depression and other nervous symptoms.

Yeast toxins also play an important role in causing loss of sexual interest, impotency, premenstrual tension, menstrual irregularities, infertility, pelvic pain and other disturbances of hormone function.

Every part of your body is connected to every other part so that when fungus toxins affect one part of the body, they are also causing change in other parts. Therefore, many varied symptoms may occur in men and women, depending on which system or which body organs and tissues are affected.

In women, I've found that the most common symptoms include fatigue, headache, depression, bloating in the abdomen, vaginitis, sex and menstrual problems, memory loss and a feeling of cobwebs in their thinking. I also see quite often as symptoms of the fungus infection, muscle and joint pains, numbness and tingling in various parts of the body, as well as nasal congestion, irritability, crying spells, and hives or itching.

Occasionally I see patients who have chronic constipation and/or diarrhea, along with PreMenstrual Syndrome (PMS), infertility and Mitral Valve Prolapse. In fact, I've noticed that over 80 percent of the women who have been diagnosed as having Mitral Valve Prolapse suffer from this overgrowth of *Candida albicans*.

I've also noticed that women develop the fungus connected health disorders more frequently than men. This is probably due to hormonal changes associated with the normal menstrual cycle, because the changes promote fungus growth as does birth-control pills and pregnancy.

In women, the anatomical characteristics of a woman's genitalia makes her more susceptible to vaginitis and urinary tract infections.

Women also visit physicians more often than men. Accordingly, they are more apt to receive antibiotics for respiratory, skin, urinary and other complaints.

In men, the most common symptoms I see are fatigue, depression, headache, irritability, memory loss, along with impotency and impaired sexual drive, bloating and abdominal pain.

I often see men who also have jock itch and athletes feet, along with prostatitis, nasal congestion, skin problems, hives and itching.

Men can also have bouts of severe constipation and/or diarrhea and I have noticed that over ninety percent of patients who have been diagnosed with Irritable Bowel Syndrome or spastic colon, suffer to a degree from this fungus overgrowth of *Candida*. This condition is more prevalent in men who take repeated courses of antibiotics or who consume lots of sweets, breads and alcohol.

I become suspicious of this condition in any patient who is bothered with recurrent digestive problems, food and inhalent allergies, and especially those who are bothered by fatigue, depression and nervousness. I do not, however, think that the disease is transmitted back and forth from husband to wife, but I have not been able to prove this.

When children receive repeated antibiotics, the friendly germs are wiped out and the yeast multiply and change into the fungus form. The toxins are produced which may affect the immune system, nervous system, respiratory system and skin. So children may also develop yeast-connected or fungus-connected health problems including diarrhea (and other digestive disorders), skin rashes, constant colds, recurring ear disorders and unusual susceptibility to chemical fumes and odors.

Among the most frequently seen fungus related disorders in children are those affecting the nervous system. Common symptoms

include irritability, hyperactivity, short attention span and behavior and learning problems. Moreover, the nervous system problems in some autistic children are fungus connected⁷.

Treatment

Successful treatment of *Candida* fungus overgrowth must follow a four-pronged attack to be effective. All four modalities of treatment must be strictly adhered to, otherwise treatment will not be effective.

I cannot emphasize this point too strongly and repeat, **that you must follow the treatment plan exactly in order to get the best results of therapy. If you want to get well, you must follow these four steps of treatment and if you neglect any one of these four important steps, your treatment will be either prolonged, or unsuccessful when these instructions are not carried out.**

These four steps include (a) killing the fungus overgrowth with proper diet (starving out the fungus) and medication (killing the fungus), (b) nutritional supplementation and correction of vital nutrients to build the immune system, (c) establishing a normal good bacterial flora in the intestine by supplementing *Lactobacillus acidophilus* (good intestinal germs), and (d) avoiding antibiotics, hormones, steroids and allergic foods. Of course there are other things a patient may do to speed up the healing process such as receiving proper rest, developing an exercise routine and sometimes adding garlic, aloe vera, Pau D'Arco tea and other helps.

A. Diet and Yeast Killing Medication.

The purpose of the strict diet is to limit the type of foods that feed the fungus. These foods will be discussed in a later section under Diet.

There are numerous medications that can be used to help eradicate the fungus. Some doctors use primarily Nystatin powder and this is an excellent medication for treating the fungus overgrowth. I don't routinely start my patients on this medication because it is quite expensive and usually patients have to be treated for years instead of months.

I use a number of medications to treat the fungus overgrowth and some of these are more effective than others: Caprylic Acid, tannic stearates and albuminates, fatty acids and even extracts from certain plants and vegetables, as well as some homeopathic remedies.

In addition, I have been recently introduced to vaginal prescription medications, but these are extremely expensive and I prefer treating my patients in a natural way without the use of drugs and chemicals that could be dangerous to some patients.

With any drug or medication, however, ***it must be emphasized that the worst thing a patient can do is to stop the treatment before therapy is completed, no matter what medication is given.*** A common problem that I have experienced many times is that patients try to "play doctor" with their treatment and after a couple of months of therapy, they begin to feel so much better that they think they are well and stop the treatment. It is impossible to get this fungus overgrowth under control until at least three or four months of therapy, and when patients discontinue the treatment, the remaining fungus that have not been destroyed will simply grow back and very often will build up a resistance to the medication that had been taken to kill the fungus overgrowth.

Patients who fall into this trap are always regretful so I insist on emphasizing to the patient that they should never stop the treatment on their own without consulting me first.

b. Vitamin, Mineral, Fatty Acid and Other Nutritional Supplements.

In order to build a patient's immune system, we must correct any vitamin, mineral and fatty acid deficiencies because all patients who have the fungus overgrowth are suffering from some or many nutritional deficiencies. I have developed a special vitamin-mineral supplement that I make available for patients that I treat for this condition, that is yeast free, sugar free and is prepared in a special manner to get the

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.
best results.

I also must be sure all fatty acid deficiencies are corrected and I make sure this is accomplished by furnishing patients with supplements of the correct, necessary type of fatty acids.

I also instruct the patient in the proper eating habits to make sure that they do not develop further deficiencies of these vital elements in the future.

I also have to be sure that certain amino acid deficiencies are corrected and this is done by supplementing certain amino acids in the vitamin/mineral supplement as well as making sure that the patient is following the proper diet.

The above measures are absolutely necessary to ensure that the immune system is functioning properly, and to also ensure that the patient gets well as soon as possible.

c. Establishing a Normal Gut Flora¹⁹.

To build up the good germs in our gastrointestines, I routinely prescribe a special form of *Lactobacillus acidophilus*. There are literally dozens of different types of acidophilus on the market today and the majority of them simply do not work. I've searched the entire United States for available types of acidophilus and I now routinely make available to the patient the type that I am confident is the very best available.

The type I use is a powdered form (absolutely essential), and it must be refrigerated, and it contains ten billion good germs per one-fourth teaspoon which equals one gram.

I've chosen this product because of its potency, good quality and effectiveness. Although the claims and labels on many types of acidophilus look the same, there are many strains that are not effective and have low potency and low bacteriologic count due to storage and handling. The type I use has proven that it works and is effective.

Acidophilus in capsule form is not effective because we must build up the good germs in the mouth and throat. Capsules simply bypass these areas.

The proper manner to take the acidophilus is to take one-fourth teaspoon four times daily, mixed in a small amount of water and swished a few seconds in the mouth and then swallowed.

The main bottle should be refrigerated.

A good way to take the acidophilus when away from home is to get a small empty pill bottle or vial and after taking the morning dose, place one-fourth teaspoon of the powdered acidophilus in the vial. This should be carried with you, and at lunch time the powder can be dropped into a small amount of water and swished in the mouth and swallowed.

d. Avoidance Recommendations.

Patients are advised to avoid antibiotics in any form as well as hormones, steroids and foods that they are allergic to.

Quite often, some patients will get a secondary infection from some type of germ such as a sore throat and call me to find out whether they should take an antibiotic or not. If the patient lives in close proximity to the Clinic, I recommend that instead of taking an antibiotic, they come to the Clinic where I can give them an intravenous infusion that will kill most any germ, and thereby the patient does not have to take an antibiotic. (See *Three Years HCl Therapy* booklet as found at our website <http://www.arthritis-trust.org>.)

Some patients are prescribed an antibiotic by their Dentist when they have dental work done, and I prefer that when this event happens, that these patients come to the Clinic for an intravenous infusion. (See *Three Years HCl Therapy* booklet as found at our website <http://www.arthritis-trust.org>.)

Of course, sometimes patients live a great distance from our Clinic and are unable to come in for this injection. In such situations where they may have to take an antibiotic anyhow, I recommend that they take at least one-half teaspoon of acidophilus every time they take

an antibiotic pill and also recommend that these patients take at least eight thousand to ten thousand milligrams of Vitamin C in divided doses each day. This will help to stimulate the immune system as well as to build up good germs that the antibiotic would be killing.

As far as hormones, or steroids are concerned, I prefer that patients not take the substances, but sometimes patients must continue taking these medications, and I have found that we can usually get the patient's fungus overgrowth under control even though taking these medications, but it does take longer.

Should the patient have any questions concerning this item, I ask them to discuss it with me during their visit.

Discussion

The most striking characteristic of the clinical picture of Polysystemic Chronic Candidiasis is its complexity. The erratic function in many organs is evidenced by appropriate symptoms. Particularly, those originating in the central nervous system, the GI, and GU tracts, endocrine glands, skin, mucous membranes, muscles and joints, and respiratory system.

To those hearing of Candidiasis for the first time, this very complexity of its manifestation is perhaps the most single obstacle to acceptance of the concept that Polysystemic Chronic Candidiasis may be responsible for chronic illness. The objection voiced most often is that nothing could cause such multi-system illness. This reaction is understandable if human illness is viewed primarily in terms of individual organs and systems, and categorized as heart trouble, liver disease, kidney disease, stomach trouble, etc.

There are several other problems which occur at a frequency greater than expected in the general population to those suffering from Polysystemic Chronic Candidiasis.

The first of these is mitral valve prolapse with dysautonomia. The medical history usually reveals that the symptoms on which these diagnoses were based had their beginning after typical symptoms of mold sensitivity had been present for several years. If we assume that these conditions are being diagnosed with reasonable accuracy, there has been a sharp increase in their incidence and it has paralleled the similar increase that has occurred in chronic fungus infections since the advent of broad spectrum antibiotics, birth control pills and steroid hormones.

As for the overgrowth of the fungus form of the *Candida*, we do know that a chemical called acetaldehyde is formed and this can have an effect on collagen (connective tissue) metabolism. This, I'm sure, is in some way related to the mitral valve prolapse problems and it may also be related to an increase of a condition called Carpal Tunnel Syndrome, which I'm seeing more frequently.

I'm also finding that many patients exhibit extreme intolerance to formaldehyde. Many companies in the home construction business are using formaldehyde in glues for plywood and paneling boards, etc. and this problem seems to be getting worse.

Occasionally patients date the onset of their Candidiasis to heavy formaldehyde exposure. Along with this, allergic reactions to products of *Candida albicans* occur frequently due to the antigens of this fungus. Allergic rhinitis and asthma are not uncommon and chronic idiopathic urticaria (hives) is frequently due to the antigens of this fungus.

Allergy to pollen, other inhalants and foods may appear in quick succession soon after the onset of chronic fungus infections, and on occasion may disappear abruptly with no therapy other than yeast suppression -- this suggests a relationship between *Candida albicans* and the unknown changes in the immune system that allow or cause allergic reactions to occur.

Once therapy is initiated, the symptoms of approximately one in five patients will worsen. This is called a Herxheimer Reaction¹⁴. Some doctors call this a "die-off reaction" and others may even call it

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

a "healing crisis." It occurs when a large number of Candida organisms are killed off during initial stages of treatment, resulting in a sudden release of toxic substances that results in an immune response and intensified symptoms. It normally lasts no longer than a week and is frequently confused as an allergic reaction toward the therapeutic agents.

The use of nutritional supplements and therapeutics, as opposed to drugs, tends to lessen the intensity, duration and frequency of these symptoms. However, when symptoms are severe, treatment should be backed off to tolerable levels and built up over time.

When the Herxheimer is too severe, I usually recommend that patients cut the dosage of their medication in half for a week and then go back to the original dosages.

If symptoms persist, alternative options for treatment may be given.

Patients should continue treatment for this condition for at least three to four months before stopping treatment. If treatment is discontinued before the patient gets the condition under control, all their symptoms will usually return.

After the fungus overgrowth has subsided and the yeast are killed down to a normal level (and this takes at least three to four months) the medications and supplements are gradually decreased over a period of six to eight weeks and the patients are allowed to gradually add previously forbidden foods to their diet.

Foods You Should Avoid In Your Diet

When Treating Candida Fungus Overgrowth

The Candida fungus grows on sugar and starch and high carbohydrate foods and is fed by gluten containing grains. Gluten grains include wheat, oats, rye and barley. The fungus also grows and is fed by other yeast molds, and yeasty foods. It is known that yeast, molds and fungi cross-react.

When taken in food or even breathed in high concentrations, they trigger symptoms and diminish the body's resistance to Candida overgrowth.

Bathrooms and air vents should be kept clean and dry.

Yeast molds and fungi should be minimized in foods.

Therefore:

1. Do not eat any sweets or desserts of any type and this includes products made with honey or molasses as well as any form of sugar or products listed on labels that end in "ose," such as fructose, glucose, maltose, lactose, etc.

2. Do not eat wheat, oats, rye, barley, or corn. Starchy foods such as rice, potatoes, buckwheat, beans and corn, should also be excluded from the diet while treatment is being undertaken. Two rice cakes each day are allowed, however. A bowl of oatmeal is allowed each day, if desired.

3. Milk (even raw) encourages Candida fungus growth. Try to avoid milk, and milk products, except butter and plain unsweetened yogurt and especially avoid any yogurt that has fruit or sugar in it. Patients on this program are allowed one glass of either sweet milk or buttermilk each day.

4. Yeast is used in food preparation and flavoring in all commercial breads, rolls, coffee cakes, pastries, cakes and this, of course, includes hot dog and hamburger buns, cookies, crackers, biscuits and pastries of any kind. You must be very careful with any flour products or even meats fried in cracker crumbs as well as all cereals. All beer, wine and all alcoholic beverages contain yeast and therefore must be avoided. You should also avoid commercial soups, potato and corn chips and dry-roasted nuts. Vinegar and vinegar containing foods such as pickled vegetables, sauerkraut, relishes, green olives and salad dressings all contain yeast and should not be used. Don't forget that soy sauce, cider and natural root beer also contain yeast. Also, all malted products contain yeast, as well as catsup, mayonnaise, pickles, condi-

ments, and most salad dressings. The citrus fruit juices either frozen or canned, usually contain yeast and only home-squeezed fruit juices are yeast free. All dried fruits such as prunes, raisins and dates contain yeast, as well as all antibiotics.

5. Yeast is the basis for most vitamin and mineral preparations. Nearly all vitamin and mineral preparations purchased at a drug store or from a large pharmaceutical manufacturer is loaded with yeast and should not be taken. If the patient has any doubts about other supplements I ask them to please check with me or my Clinic before taking them. Some vitamins purchased in health food stores that claim to be yeast free are not really yeast free and one must be careful or they can really aggravate your fungus overgrowth.

6. Molds build up on foods while drying, smoking, curing and fermenting. you should therefore avoid pickled, smoked or dried meats, fish and poultry, including sausages, salami, hot dogs, pickled tongue, corn beef, pastrami, smoked sardine or other fish that have been dried or smoked. You should not eat any pork of any type as pork is usually loaded with molds and yeast. Dried fruits, such as prunes, raisins, dates, figs, citrus peels, candied cherries, currants, peaches, apples and apricots should be avoided. All cheeses (including cottage cheese), sour cream, and other milk products, such as mentioned above, should be avoided. Chocolate, honey, maple syrup and nuts accumulate mold and should be avoided.

7. Melons (especially cantelope and watermelon) and the skins of fleshy vegetables or fruits accumulate mold during growth.

8. Avoid canned or frozen citrus, grape and tomato juice. Avoid all canned or frozen foods which contain citric acid.

9. Mushrooms, truffles and many herbal products such as black tea, are loaded with yeast and should be avoided if at all possible. Don't forget that teas including herb teas and spices are dried foods and accumulate molds, so you should avoid these.

10. Eating fruit will boost blood sugar levels and will encourage yeast growth. But one fruit is allowed each day under this program, with the exception of melons and grapes. Bananas are probably the third highest sugar containing fruit and should be limited in amounts.

Be sure you read through this list of forbidden foods numerous times in order that you can familiarize yourself with what you can and cannot have to eat. Once you're familiar with these foods, it will enable you to select acceptable foods while dining in a restaurant or while visiting friends or neighbors at meal time. You should definitely learn those foods that you must stay away from if you want to get the best results in your treatment.

I'm sure you may be thinking "what else is there left to eat." We'll describe those, but meanwhile it is absolutely necessary that you carefully look at all labels on the canned and packaged foods and consult the above list constantly, or you will continue to suffer needlessly the consequences of the fungus overgrowth in your body.

You can eat out in a restaurant but order very carefully. Skip the cocktails. Have virgin olive oil and lemon juice on your salads. In fact, I routinely prescribe one tablespoon of virgin olive oil each day for patients being treated for Candida fungus overgrowth, because it not only has some good fatty acids in it, but the olive oil kills Candida.

When dining out, order fish, chicken, turkey or lean red meats (other than pork) or other animal proteins that are prepared without sauces which might contain sugar, mushrooms or wheat as a thickener, and other harmful ingredients. Broiled or plain items are obviously the safest choice. Steamed vegetables are perfect but you must skip bread, crackers and desserts of any kind.

Remember, you must totally and absolutely avoid:

1. All sweets and desserts and sugar foods in any shape, form or fashion.

2. All breads and flour products (including whole wheat) of any kind.

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

3. All cheeses while on this program.

4. Any kind of alcohol beverages which are strictly forbidden since they contain sugar and yeast.

Candida Diet Allowables: What you Can Eat on This Program

Vegetables

Artichokes	Asparagus	Bamboo Shoots
Beet Greens	Broccoli	Brussel Sprouts
Cabbage	Caraway	Carrots
Catnip	Cauliflower	Chickory
Collards	Dandelion	Dulse
Egg Plant	Endive	Fennel
Green Beans(Fresh)	Green Peas(Fresh)	Kelp
Mustard Greens	Okra	Peppers
Rhubarb	Squash	String Beans
Swiss Chard	Turnip Greens	Water Cress

To wash vegetables, use one tablespoon of bleach or clorox in one gallon of cool water.

Salad Vegetables

Alfalfa Sprouts	Bamboo Shoots	Broccoli
Cabbage	Caraway	Catnip
Cauliflower	Celery	Chard
Chives	Cress	Dandelion
Dulse	Endive	Fennel
Kale	Kelp	Leeks
Lettuce	Mung Bean Sprouts	Parsley
Peppers	Rhubarb	Spinach
Squash	Swiss Chard	Water Cress

Fresh tomatoes and onions are also allowed, along with summer squash and zucchini -- all types of squash.

Meats and Proteins (All Lean Cuts)

Beef	Chicken	Clams
Crab	Eggs	Ham
Lobster	Salmon	Shrimp
Tuna	Turkey	Veal

All game birds and animals such as squirrel, rabbit, quail, duck, goose and venison are allowed.

Nuts and Seeds

In limited amounts (one ounce) -- Walnuts, Sunflower seeds and Pumpkin Seeds.

Oils

Use only cold pressed or expeller pressed or non-hydrogenated oils. Also, you should take one tablespoon of virgin olive oil each day on your salads or vegetables. You can add lemon juice to this if you so desire. The best salad dressing is virgin olive oil in lemon juice.

Other Items

You may have two rice cakes daily.

Eat real butter and totally avoid all margarine.

You may have plain unsweetened yogurt but no yogurt with fruit or sugar in it.

You may have one cup of oatmeal (the old fashioned kind) per day.

One small to medium fruit per day is permitted, but no melons or grapes.

You may have any unsweetened, decaffeinated drink. Any coffee you drink should be decaffeinated and your tea should be weak. If you must drink diet drinks they should be caffeine free and sugar free and you may have no more than two each day, maximum. You may have either two packages of Nutri-Sweet® or Equal® or Aspartame® as sweeteners, but no more each day, whether they are in packages or in your diet drinks. You may, however, have Sweet and Low® or saccharine in any amounts you desire

[Stephan Cooter, Ph.D. says that "It might be of interest to know that Aspartame or Nutra-Sweet, when metabolized, is half transformed into aldehydes responsible for the diet drink 'hangover': H.J. Roberts, *Sweet'ner Dearest*, Sunshine Sentinel Press, ISBN 0-9633360-

1-5. *Citizens for Health Newsletter*, for instance, reported that the FDA had over 5,500 complaints against Aspartame in 1992, uncomfortably and closely related to worsening of Multiple Sclerosis and arthritic symptoms, tied to aldehyde toxicity": Ed.²²]

You may use salt, pepper, garlic or onions if you desire.

For those patients who tend to lose weight easily, and especially those who should not lose any weight, I recommend that these patients eat three or four large tablespoons of homemade mayonnaise each day.

You must not use store bought mayonnaise as it contains hydrogenated oils. The mayonnaise recipe listed below contains 120 calories per tablespoon which will help prevent any excess weight loss by eating this each day.

Of course, if you are overweight you should avoid this mayonaise.

The recipe for mayonnaise is as follows: Take two fresh eggs, preferably at room temperature (take out of the refrigerator for a couple of hours before using) and add two tablespoons of freshly squeezed lemon juice (no bottled lemon juice) and add one teaspoon of salt (preferably sea salt [See Grain & Salt Society, Inc., 273 Fairway Drive, Asheville, NC 28805; Ed]). Mix this in your blender and add slowly one and one-fourth cup of cold pressed or expeller pressed or non-hydrogenated safflower oil. [The editor has used Virgin Olive Oil, as well as other safe oils. Not all safflower oil is recommended.]

This is an excellently tasting mayonnaise and when refrigerated will last two to three weeks.

Don't forget that the diet in this treatment is absolutely vital and failure to comply with this diet will result in failure of treatment of your fungus overgrowth condition.

Stephan Cooter, Ph.D. would also remind arthritics that an additional screening of the Candidiasis diet may be necessary to avoid the Nightshade family, tobacco, potatoes, tomatoes, green peppers, and eggplant²².

Medicines Used

Dr. Prosch uses a variety of substances to kill *Candida albicans* overgrowth, among which are: Micocydin®, Paramicrocin®, Par-Qing®, Borage Oil, SAM EPA®, *Lactobacillus acidophilus*, and various forms of Caprylic Acids and Olive Oil.

Most organic fatty acids are fungicidal. S.M. Peck and H. Rosenfeld demonstrated that Undecylenic Acid is about six times more effective as an antifungal agent than caprylic acid²⁶.

Candida Purge

William (Bill) G. Neely, D.C.¹⁵ of Johnson City, TN successfully uses a Candida Purge that contains a mixture of items to be used in a certain way, which will kill overgrowth while also helping to scrape fungal Candida from the intestinal tract. The mixture contains Caprol (Caprylic + Oleic Acids), Psyllium, Bentonite and *Lactobacillus acidophilus*.

The Caprylic Acid is fungicidal for *Candida albicans*. It is harmless to friendly intestinal flora, and effective against the invasive mycelial form as well as the yeast form, because it is absorbed by the intestinal mucosal cells. Caprylic Acid is metabolized by the liver and does not get into the general circulation. It must exert its fungicidal effect in the intestinal tract or not at all. According to studies, just ten minutes after oral intake of straight caprylic acid, more than 90% can be traced in the portal vein on its way to the liver. Consequently, Caprol should be taken with Psyllium Powder which will form a gel in the intestinal tract and release the caprylic acid trapped within over a period of time.

Oleic Acid (major component of Virgin Olive Oil: 56-83%) hinders conversion of *Candida albicans* yeast to the more harmful mycelial fungal form.

Psyllium gradually scrapes away *Candida albicans'* breeding ground (fecal encrustations) from the colon wall, absorbs toxins within the colon and carries them out, reduces toxic overload ("die-off

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

reaction") from poisons released by dying *Candida* during treatment start-up and forms the gel which binds Caprol into a timed-release formulation. This powdered product gives slippery adhesive bulk to help loosen and dig out old, congested, solidified fecal matter that often coats the colon walls, thereby providing a breeding ground for *Candida albicans*, and other undesirable microorganisms. Because psyllium is not absorbed itself, toxic wastes are carried out in the feces.

Lactobacillus acidophilus arrests intestinal *Candida albicans* overgrowth, and is also effective against many pathogenic bacteria, thereby strengthening the immune system by lessening its workload.

Bentonite directly adsorbs *Candida albicans* and flushes them out, adsorbs toxins within the colon and flushes them out, and reduces toxic overload ("die-off reaction") from poisons released by dying *Candida* during treatment start-up.

According to Frederic Damrau, M.D.¹⁶ "Bentonite is a native, colloidal, hydrated aluminum silicate. . . . It has been established in vitro and in vivo that hydrated aluminum silicate adsorbs toxins, bacteria and viruses. This property helps explain its therapeutic usefulness in acute diarrhea of diverse etiology. By virtue of its physical action bentonite serves as an adsorbent aid in detoxification of the intestinal canal."

Because bentonite is not itself absorbed, whatever it adsorbs is removed in the feces. This includes miscellaneous intestinal poisons, toxins generated by *Candida* (especially during treatment start-up), and the *Candida* itself!

Patients with severe Candidiasis (up to 50% of the cases) may experience certain uncomfortable effects within the first week after initiation of the *Candida* Purge program at the intensive level of therapy, such symptoms as flu symptoms¹⁴ (stuffiness, headache, general aches, diarrhea) skin rashes, and vaginal irritation/discharge may result from the release of toxins from a rapidly dying *Candida albicans* population. The exact symptom picture will depend upon the individual case and is often dramatic -- anything from "lead feet" to mental aberrations. The exact symptoms are neither important nor do they lend themselves to explanation, and they'll all disappear in a few days, as also happens when the Herxheimer effect is incurred in the successful treatment of other diseases¹⁴.

Nu Biologics® has available a kit which contains all the described ingredients with instructions on how to put the described substances together for use¹⁷. Nurse S. Colet Lahoz, M.S., R.N. of East West Clinic, White Bear Lake, Minnesota uses a similar substance, Acutrol®, #2 Willow Rd., North Oaks, MN 55110, % Monica O'Kane. [See *Conquering Yeast Infections* on our website at <http://www.arthritistrust.org>.

Garlic, Aloe Vera, Pau D'Arco Tea

In the foregoing, Gus J. Prosch, Jr., M.D. mentioned that there are other substances that can be used also, such as garlic, aloe vera, Pau d'Arco tea and other items.

Garlic²⁰ is certainly an important supplement that will speed your recovery by killing off *Candida albicans* by preventing formation of lipids in the membrane of *Candida*, thus obstructing the intake of oxygen.

The use of an odor-modified garlic extract (Kyolic®) seems to shift lipids into the bloodstream, causing initially higher serum lipid levels, but the lipids are then broken down and finally excreted from the body, according to Benjamin H.S. Lau, M.D., Ph.D.²⁰.

The use of this odor-modified garlic is dose dependent, and over six months of daily usage, the good lipids, HDL, increase and the bad guys, LDL/VLDL, decrease.

Garlic has long been known as a natural antibiotic, without damage to the "good guys" microflora, but now Dr. Lau and many other scientists and physicians have shown that *Candida albicans* drastically reduces in the blood stream throughout six months of

continuous usage. More than that, however, is evidence that shows increased protection from radioactivity damage, environmental pollution, cancer protection, damage from stress, and it is generally an immune booster, a nutritional supplement, anti-oxidant, detoxifier, anti-clotting agent and anti-microbial.

The studies by Dr. Lau were performed chiefly with cold-aged garlic preparations from Wakunaga Pharmaceutical Co., Osaka, Japan, but can also be purchased in the United States²⁰.

Aloe Vera has a number of attributes, among which is its antifungal effect against many pathogenic dermatomycoses²⁴. Pau D'Arco, too, of course has many attributes besides its antifungal qualities.

Molybdenum Approach to the Handling of *Candida albicans* Aldehydes

Dr. Stephan Cooter¹⁸ writes of a novel and new way to utilize the damaging byproduct of *Candida albicans*, that is, ethanol, and its descendant, aldehyde.

Dr. Cooter says that ethanol is not bad in itself, but when we receive too much of it, it converts to aldehydes. "If you have adequate amounts of glutamine, selenium, niacin, folic acid, B₆, B₁₂, iron and molybdenum, aldehydes continue to be metabolized into acetic acid, which can be excreted, or converted further into acetyl coenzyme A. If these nutrients are in poor supply, aldehydes begin collecting in the body's tissues.

So when *Candida* is fully nourished (or we are), *Candida* furnishes the body with a necessary part of the Krebs energy cycle necessary for the health and maintenance of all cells. When our digestion is unbalanced, we incompletely convert sugars into poisons and they remain poisons in our human systems. When our digestion is balanced, or we give it what it needs in terms of supplements, a potential poison is transformed into a source of energy: i.e., aldehyde poison becomes acetyl coenzyme A²⁰."

The metabolic pathway described by Dr. Cooter is that ethanol converts to aldehyde to acetic acid to acetyl coenzyme A. [See "Molybdenum for *Candida albicans* Patients and Other Problems" on our website at <http://www.arthritistrust.org>.]

Cooter writes that, "Within days of taking 100mcg of molybdenum three times a day, I could feel the poisons from *Candida* garbage transforming themselves into heat and energy. Where I had experienced pain in my neck and shoulders, I felt warmth. A stiff back that felt like a wall of steel was transformed into copious sweat. My muscles relaxed and were pain free. At the same time, the person I was who found it difficult to get out of bed, became someone who needed only 4 to 8 hours of sleep rather than 10 or 12. Where I had been confined within a prison of fatigue, the fatigue was translated into an open expanse of energy and possibility. An intellectual fog that had filled my head for years scattered itself the first day I took molybdenum. I had lived with an aldehyde hangover for so long, I had no idea what it was like to experience mental clarity¹⁸."

Dr. Cooter stated that 100 mcg tablets of molybdenum amino chelate were chewed or sucked three times a day for 30 days in volunteer studies performed by himself and Walter Schmitt, Jr., D.C., with gratifying success for about two-thirds of the people who did try the supplement¹⁸. Their studies included changes in chronic fatigue, chronic weakness, joint pain, muscle pain, headache frequencies, mental concentration, depression, memory, and insomnia.

As Drs. Schmitt and Cooter have addressed the one problem that few other doctors have been able to find a solution for, i.e., the aldehyde poisoning caused by *Candida albicans*, they are to be commended. A *Candida* treatment was also formulated under Dr. Cooter's name, called "Expore." Dr. Schmitt's clinical findings were published in 1991, *Digest of Chiropractic Economics*, 31:4:56-63, and it was his insalivation protocol Dr. Cooter followed for both

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

himself and the 31 people in Dr. Cooter's study. Dr. Cooter says, "Of special interest to me, was that Dr. Schmitt's discussion of aldehyde oxidase, the primary enzyme that metabolizes aldehyde into acetic acid and then acetyl coenzyme A, requires molybdenum for the conversion. Also Drs. Henzi, Ponzi, and Schwyzer in Switzerland and Germany have found, for instance, that B₁₂ and folic acid, provided a different metabolic pathway for the metabolism of formaldehyde in multiple sclerosis patients (*Let's Live*, January, 1993: 66-68.)"²⁰

We believe that the findings of Stephan Cooter/Walter Schmitt are well worth investigating for yourself.

Also see "Mycoplasma Experiments," and "Universal Oral Vaccine -- With Patents," <http://www.arthritis-trust.org>.

Recommendation

Like the use of most alternative medicines, you and your physician will need to make up your own minds, especially after reading many of the books recommended.

This I know: The treatments reported here are generally safe in whichever forms they are offered to you, especially under a caring and knowledgeable physician interested in your welfare and in you as a personality, not a warehoused statistic. The treatments are generally low cost compared to other possible approaches. So, why not try them, if you fit the profile for Candidiasis. The trials surely will not harm you.

Virtually all Rheumatoid Disease victims are immunologically depressed — and Candidiasis grows well in such a deficient garden!

Many of the Rheumatoid Disease Foundation physicians use diet and special medicines to treat against Candidiasis along with our treatment recommendations for Rheumatoid Disease. Those same physicians seem to show a higher success rate in halting the progress of Rheumatoid Disease.

We also would recommend the exclusive use of Stevia, a safe, super-sweet sugar substitute for all those on Candidiasis diet. This herbal product is 200-300 times sweeter than sugar, and will satisfy your sweet-tooth while dieting. It has so many advantages, we'd like to refer you to some literature on the subject, as follows:

Linda Bonvie, Bill Bonvie and Donna Gates, *The Stevia Story: A Tale of Incredible Sweetness*, B.E. D. Publications Co., Atlanta, GA 30327, ISBN: 0-9638458-1-0; Rita Elkins, M.H., *Stevia: Nature's Sweetener*, Woodland Publishing, Inc., Pleasant Grove, UT, PO Box 160, Pleasant Grove, UT 84062; Rita DePuydt, *Baking With Stevia*, Sun Coast Enterprises, PO Box 262, Oak View, CA 93022; ISBN 0-9656073-0-5; Jeffrey Goettemoeller, *Stevia Sweet Recipes: Sugar Free -- Naturally*, Vital Health Publishing, PO Box 544, Bloomingdale, IL 60108; ISBN 1-890612-09-X.

References

1. C. Orian Truss, M.D., *The Missing Diagnosis*, PO Box 26508, Birmingham, AL 35226, 1983.

2. William B. Crook, M.D., *The Yeast Connection*, Professional Books, PO Box 3494, Jackson, TN 38301, Third Edition, 1986, ISBN 0-933478-11-9. Also see *Solving the Puzzle of Your Hard-To-Raise Child*, Op. Cit. 1987, ISBN 0-933478-12-7.

3. Morton Walker, D.P.M., John Parks Trowbridge, M.D., *The Yeast Syndrome*, Bantam Books, 1540 Broadway, New York, NY 10036-4094, 1986.

4. Dennis W. Remington, M.D., Barbara W. Higa, R.D., *Back to Health*, Vitality House International, Inc., 3707 North Canyon Road, #8-C, Provo, UT 84604, ISBN 0-912547-03-0, 1986.

5. Anthony di Fabio, *Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium*, The Rheumatoid Disease Foundation, <http://www.arthritis-trust.org>, 1989.

6. Personal conversation with a Vanderbilt University pharmacologist, who does not choose to be identified, 1983.

7. Anthony di Fabio, *Psychiatric Pollution!*, The Rheumatoid

Disease Foundation, Op.Cit., 1989.

8. James P. Carter, M.D., Dr.P.H., *Racketeering in Medicine*, Hampton Roads Publishing, Inc., 891 Norfolk Square, Norfolk, VA 23502. p. 80, ISBN 1-878901-32-X.

9. *Candida Research and Information Foundation Newsletter*, No. 9-10, March 1989, PO Box 2719, Castro Valley, CA 94546.

10. David R. Soll, Ph.D., The Rheumatoid Disease Foundation *Second Annual Medical Seminar*, Santa Monica, CA, 1986.

11. Personal visit with Phillip Hoekstra, Ph.D., 1985.

12. Lida H. Mattman, Ph.D., *Cell Wall Deficient Forms*, 2nd Edition, CRC Press, Inc., 2000 Corporate Blvd., N.W., Boca Raton, FL 33431, 1993, ISBN 0-8493-4405-0.

13. Gus J. Prosch, Jr., M.D., *Chronic Systemic Candidiasis*, Biomed Medical Center, Inc., 759 Valley Road, Birmingham, AL 35226, patient handout sheet.

14. Dr. Paul K. Pybus, *The Herxheimer Effect*, The Rheumatoid Disease Foundation, Op.Cit., 1992.

15. William (Bill) G. Neely, D.C., 512 E. Unaka Ave., Johnson City, TN 37601, personal communication, 1992.

16. Frederic Damrau, M.D., "The Value of Bentonite for Diarrhea," *Medical Annals of the District of Columbia*, Vol. 30, No. 6, June 1961, p. 328.

17. Nu Biologics, 2470 Wisconsin Street, Downers Grove, IL 60515-4019.

18. Dr. Stephen Cooter, "Molybdenum: Recycling Fatigue Into Energy," *Townsend Letter for Doctors*, 911 Tyler St., Port Townsend, WA 98368-6541, April 1994, p. 332; an excerpt from *Beating Chronic Illness: Fatigue, Pain, Weakness, Insomnia, Foggy Thinking*, Pro Motion Publishing, 10387 Friars Rd., San Diego, CA 92120, 1-800-231-1776.

19. Anthony di Fabio, *Friendly Bacteria -- Lactobacillus acidophilus & Bifido bacterium*, The Rheumatoid Disease Foundation, Op.Cit., 1989.

20. Benjamin Lau, M.D., Ph.D., *Garlic for Health*, Odyssey Publishing, Inc., 2135 West 45th Avenue, Vancouver, B.C., Canada V6M 2J2, 1991, ISBN 0-941524-32-9. Also see: Tariq H. Abdullah, M.D., O. Kandil, Ph.D., A. Elkadi, M.D., and J. Carter, M.D., "Garlic Revisited: Therapeutic For the Major Diseases of Our Times?," *Journal of the National Medical Association*, Vol. 80, No. 4, 1988; Christopher L. Marsh, Robert R. Torrey, James L. Woolley, Gary R. Barker, Benjamin H.S. Lau, "Superiority of Intravesical Immunotherapy With Corynebacterium Parvum and Allium Sativum in Control of Murine Bladder Cancer," *The Journal of Urology*, Vol. 137, February 1987, p. 359; Benjamin H.S. Lau, M.D., Ph.D., Takeshi Yamasaki, D.V.M., M.S., Daila S. Gridley, Ph.D., "Garlic Compounds Modulate Macrophage and T-lymphocyte Functions," *Mol. Biother.*, Vol. 3, June 1991; Benjamin H.S. Lau, James L. Woolley, Christopher L. Marsh, Gary R. Barker, Dick H. Koobs, Robert R. Torrey, *The Journal of Urology*, Vol. 136, September 1986; Padma P. Tadi, M.S., Robert W. Teel, Ph.D., Benjamin H.S. Lau, M.D., Ph.D., "Anticandidal and Anticarcinogenic Potentials of Garlic," *Integrated Therapies*, School of Medicine, Loma Linda University, Loma Linda, CA 92350, 1990; address correspondence to Benjamin H.S. Lau, M.D., Ph.D.; Benjamin Lau, M.D., Ph.D., Garlic Research Update, Odyssey Publishing Inc. Op. Cit, 1991, ISBN 0-941524-32-9.

21. Wakunaga of America Co., Ltd, 23501 Madero, Mission Viego, CA 92691; telephone 1-800-544-5800.

22. Personal letter for Stephan Cooter, Ph.D., dated May 15, 1994.

23. Raymond Keith Brown, M.D., *Aids, Cancer and the Medical Establishment*, Trizoid Press, New York, 1993, ISBN 0-9639293-0-5.

24. Dan Bensky, Andrew Gamble, *Chinese Herbal Medicine*,

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

Materia Medica, Revised Edition, Eastland Press, Inc., PO Box 12689, Seattle, WA 98111, 1993, ISBN 0-939616-15-7.

25. "Candida Albicans," *Capsulations™*, No. 15, Thorne Research, Inc., PO Box 3200, Sandpoint, ID 83864, October 1989.

26. S.M. Peck, H.Rosenfeld, "The Effects of Hydrogen Ion Concentration, Fatty Acids and Vitamin C on the Growth of Fungi," *J. Invest. Dermatol.* 1:237-265, 1938.

27. Paul A. Goldberg, M.P.H., D.C., Personal Letter, May 18, 1994.

28. Boyd O'Donnell, "Laterflora `Raid'," *Townsend Letter for Doctors*, 911 Tyler Street, Port Townsend, WA 98368-7541, June 1994, p. 611.

Resources

1. Candida Research and Information Foundation, PO Box 2719, Castro Valley, CA 94546.

2. The Price-Pottenger Nutrition Foundation at 5871 El Cajon Blvd., San Diego, CA 92115. (Send a self-addressed, stamped, legal size (large) envelope with five dollars and a list of physicians treating yeast problems will be sent to you.)

3. *The Arthritis Fund/The Rheumatoid Disease Foundation*, 7111 Sweetgum Drive SW, Suite A, Fairview, TN 37062-9384. (Send a self-addressed, stamped, legal-size envelope for physicians who will treat Rheumatoid Diseases and Candidiasis. A donation is welcome to help defray costs. For further information write or call for a listing of additional publications.)

Patient's Preliminary Diagnostics:

Yeast Overgrowth Index

Directions: Check each line item that applies to you.

Make your choice to the best of your ability and memory.

First Set

- How many mercury amalgam dental fillings?
 - Have you been vaccinated within past 5 years?
- All other questions refer to the past year, only.**
- Have persistent Prostatitis or Vaginitis.
 - Have taken Cortisone type drugs.
 - Have taken birth control pills.
 - React badly to cigarette smoke.
 - React badly to chemical fumes.
 - Symptoms worse on damp or muggy days.
 - Have had athlete's foot and/or Jocky itch.
 - Have cramps with my periods.
 - Crave alcohol (beer, wine, whisky).
 - Feel helpless at times.
 - Seem to have lost interest.
 - Lost or decreased sexual desire.
 - Shaky or irritable when hungry.
 - Cannot seem to concentrate.
 - Stomach gets sore all over.
 - Ears itch at times.
 - Had bladder infections.
 - Had urinary frequency or urgency.
 - Vaginal discharge

- Feel weak all over.
- More nervous than usual.
- Often am dizzy or light-headed.
- Heart pounds or beats fast.
- Had constipation and/or diarrhea.
- Mouth ulcers

___ **Total Number of Check Marks for Set One.**

Second Set

- Took antibiotics 3 times in past few years?
- Took antibiotics 3 times in past year?
- Have Premenstrual Syndrome (PMS).
- Have Mitral Valve Prolapse.
- Have allergic symptoms often.
- Strong perfumes make me sick.
- Have had a skin or nail fungus.
- Crave sugar, desserts or chocolate.
- Crave breads, and/or pastries.
- Have trouble thinking clearly.
- Noticed numbness or tingling.
- Pains in my stomach.
- Hypoglycemia (low blood sugar).
- Chronic rashes or itching skin.
- Had nausea and a "sick" stomach.
- Joints ache at times.
- Feel tired most of the time.
- Feel "drained" and exhausted.
- Stomach bloats frequently.
- Have a poor memory.
- Feel "spacey" and unreal.
- Muscles ache more often.
- Have depression fairly often.
- Have headaches frequently.
- Headaches are getting worse.

___ **Total Number of Check Marks for Set Two.**

Patient's Name _____

You've now shown me that you really want to get well! I sincerely appreciate the time you've spent filling out this questionnaire. Don't forget to bring it with you for your first office visit. With the above answers, I can start your program to get you well and in the best of health. Thanks for your efforts!

Please don't write below this line.

Medical data is for informational purposes only. You should always consult your family physician, or one of our referral physicians prior to treatment.

For Physician's use only:

First Set: ____ Total number check (V) marks X 1 _____

Last Set ____ Total number check (V) marks X 2 _____

Total Score _____

Scoring

1. Below 6 -- No yeast overgrowth.
2. 7 to 12 -- Minimal yeast overgrowth.
3. 13 to 20 -- Moderate yeast overgrowth.
4. 21 and higher -- Severe yeast overgrowth.

Published by The Arthritis Trust of America, 7376 Walker Road, Fairview, TN 37062; Form developed by Gus J. Prosch, Jr., M.D