

Yeast Infections

Chronic candidiasis can be hard to spot, as its symptoms are the same as those of a number of other health issues. According to research or other evidence, the following self-care steps may help get candidiasis under control:

- **Eat foods low in refined carbs and sugars**
 - White flour, refined sugars, and fruit juices may help yeast grow in the intestine, so cut them out of your diet
- **Try some beneficial bacteria**
 - Take a probiotic supplement that contains 10 billion colony-forming units a day of acidophilus or bifidobacteria to control yeast in the intestine
- **Check out antifungal supplements**
 - To reduce yeast in the intestine, try caprylic acid (1,500 mg a day), supplemental garlic (5,000 mcg a day of allicin potential in an enteric-coated supplement), or oregano oil (0.2 to 0.4 ml a day of a coated supplement)
- **Avoid eating foods like bread and cheese, which contain yeast and mould**
 - Eliminating these types of foods may reduce possible reactions due to sensitivities
- **Get a doctor's opinion**
 - Tests can help you make sure your symptoms are not the result of another health problem

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

About chronic candidiasis

An overgrowth in the gastro-intestinal tract of the usually benign yeast (or fungus) *Candida albicans* has been suggested as the origin of a complex medical syndrome called chronic candidiasis, or yeast syndrome.^{1 2}

Purported symptoms of chronic candidiasis are fatigue, [allergies](#), [immune system malfunction](#), [depression](#), chemical sensitivities, and digestive disturbances.^{3 4}

Conventional medical authorities do acknowledge the existence of a chronic Candida infection that affects the whole body and is sometimes called “chronic disseminated candidiasis.”⁵ However, this universally accepted disease is both uncommon, and decidedly more narrow in scope, than the so-called Yeast Syndrome—a condition believed by some to be quite common, particularly in people with a history of long-term [antibiotic](#) use. The term “chronic candidiasis” as used in this article refers to the as yet unproven Yeast Syndrome.

What are the symptoms?

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

Medical options

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

Dietary changes that may be helpful

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

One study compared levels of various sugars in urine of healthy women with levels found in women with chronic vaginal Candida infections.⁶ Urine sugar levels correlated with dietary intakes of sugar, dairy, and artificial [sweeteners](#). Among women who reduced their intake of sugar, 90% reported no vaginal yeast infections during the following year. These researchers reported a “dramatic reduction” in the incidence and severity of [vaginitis](#) caused by Candida as a result of reducing intake of [dairy](#), sugar, and artificial sweeteners.

Many apparently healthy people have some Candida in their gastro-intestinal tract. In one trial, high-sugar diets given to healthy people had mixed effects on the concentration of Candida found in their stool, though some subjects did show an increase in Candida after eating more sugar.⁷ These preliminary reports suggest, but do not prove, that diet might affect the ability of Candida to infect the body.

[Yoghurt](#) that contains [Lactobacillus acidophilus](#) has been reported to have a therapeutic effect in women with vaginal infections caused by Candida.

Vitamins that may be helpful

[Lactobacillus acidophilus](#) products are often used by people with candidiasis in an attempt to re-establish proper intestinal flora. Acidophilus produces natural factors that prevent the overgrowth of the yeast.^{8 9} Although there are no human trials, supplementation of acidophilus to immune-deficient mice infected with *C. albicans*

produced positive effects on [immune function](#) and reduced the number of Candida colonies.¹⁰ The typical amount of acidophilus taken as a supplement is 1–10 billion live bacteria daily. Amounts exceeding this may induce mild gastro-intestinal disturbances, while smaller amounts may not be able to sufficiently colonize the gastro-intestinal tract.

Preliminary research from the 1940s and 1950s indicated that caprylic acid (a naturally occurring fatty acid) was an effective [antifungal](#) compound against Candida [infections](#) of the intestines.^{11 12} Doctors sometimes recommend amounts of 500 to 1,000 mg three times a day.

It is unknown if taking [pancreatic enzymes](#) or [betaine HCl](#) (hydrochloric acid) tablets is beneficial for chronic candidiasis. Nonetheless, some doctors recommend improving digestive secretions with these agents. Hydrochloric-acid secretion from the stomach, pancreatic enzymes, and bile all inhibit the overgrowth of Candida and prevent its penetration into the absorptive surfaces of the small intestine.^{13 14 15} Decreased secretion of any of these important digestive components can lead to overgrowth of Candida in the gastro-intestinal tract. Consult a physician for more information.

In theory, the use of any effective anti-yeast therapy could result in what is referred to as the Herxheimer or “die-off” reaction.¹⁶ The effective killing of the yeast organism can result in absorption of large quantities of yeast toxins, cell particles, and antigens. The Herxheimer reaction refers to a worsening of symptoms as a result of this die-off. Although this reaction has not been reported following use of any of the nutritional or herbal anti-Candida agents, the likelihood of experiencing this reaction can be minimized by starting any anti-yeast medications or nutritional supplements slowly, in lower amounts, and gradually increasing the amounts over one month to achieve full therapeutic intake.

Are there any side effects or interactions?

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

Herbs that may be helpful

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

Volatile oils from [oregano](#), [thyme](#), [peppermint](#), [tea tree](#), and [rosemary](#) have all demonstrated antifungal action in test tube studies.²¹ A recent study compared the anti-Candida effect of oregano oil to that of caprylic acid.²² The results indicated that

oregano oil is over 100 times more potent than caprylic acid, against *Candida*. Since the volatile oils are quickly absorbed and associated with inducing [heartburn](#), they must be taken in coated capsules, so they do not break down in the stomach but instead are delivered to the small and large intestine. This process is known as “enteric coating.” Some doctors recommend using 0.2 to 0.4 ml of enteric-coated peppermint and/or oregano oil supplements three times per day 20 minutes before meals. However, none of these volatile oils has been studied for their anti-*Candida* effect in humans.

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

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

Are there any side effects or interactions?

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

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