

Candidiasis notes and links

by Paul Bergner October 2011

I have been looking for the last 30 years for any evidence that candidiasis actually occurs in the intestine. Most people who think they have "candidiasis" are diagnosed with a questionnaire, or diagnosed simply because they have disordered digestion, foggy thinking, fatigue, etc etc. These are all things that can be caused by many factors that have nothing to do with yeast -- food allergies, micronutrient malnutrition, sleep debt, etc etc. The "Crook" questionnaire, proposed during the 1980s in Dr Crook's book *The Yeast Connection*, has been proven to have no relation to actual amounts of candida in the stool. The study was done at National College of Natural Medicine, in Portland, OR. People with high candida in the stool are just as likely to have a very low symptom score as people with no candida in the stool are likely to have a high symptom score. Furthermore, the amount of candida in the stool is not indicative of any invasion of the intestinal wall. So "candida" has become a catch-word, for ecological dysfunction of the gut, a radical single-agent oversimplification for a complex situation, or a marker for dysbiosis in general. Taking antifungal supplements, herbs, or drugs to "kill the candida" invariably fails to improve the situation, because any yeast-killing that occurs does not help the overall ecological situation or remove any of the primary causes of the dysfunction. Many of the herbs or substances used to "kill candida" in fact make the situation worse, because harsh, cold antifungals can irritate the already fragile gut wall. A "candida diet" often helps symptomatically because it eliminates common allergens and sugars, the symptomatic benefits having nothing to do with candida.

Even in immunocompromised AIDS patients, where oral and vaginal thrush are common, and candida commonly invades the esophagus, it is not found invading the walls in the rest of the digestive tract. Oral or vaginal thrush may occur after antibiotics, but there is no connection between oral or vaginal thrush and intestinal candidiasis. You can obtain the full article below, and with it, a picture of what actual esophageal candidiasis looks like. See:

<http://www.ncbi.nlm.nih.gov/pubmed/21559197>

When an intestinal candida infection actually occurs, it may be fatal. This is seen in children with small bowel organ transplants on immunosuppressive drugs. See:

<http://www.ncbi.nlm.nih.gov/pubmed/20626710>

If it does occur, it may cause bowel perforation and septicemia in neonates. See:

<http://www.ncbi.nlm.nih.gov/pubmed/20450270>

In others, the result is serious septicemia requiring hospitalization. See:

<http://www.ncbi.nlm.nih.gov/pubmed/19922069>

Note that if the candida becomes systemic, either progressing to peritonitis or septicemia (candida in the blood), the patient will often die. About 30% of patients with candida blood poisoning will die despite the best medical care. See:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2803610/pdf/Dtsch_Arztebl_Int-106-0837.pdf

If you get the full-text version of this article, see page 840 The article describes actual candida infections after extensive antibiotic use as "rare".

There is some speculative but inconclusive literature on a connection between irritable bowel syndrome or Crohn's disease and candida overgrowth in the intestine. See for references on this:

http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2803610/pdf/Dtsch_Arztebl_Int-106-0837.pdf

So large numbers of the population are not walking around with "candida" and no one with

"systemic candida" is walking around at all -- they are gravely ill. The "yeast syndrome" as it occurs as Herban Legend is nonsense, and a way for health food stores and alternative practitioners to make a lot of money selling a cure that doesn't work for a condition that for the most part doesn't exist in the ambulatory population.