

CANDIDA ALBICANS

Moni. [Cand-a.]

Scientific name	<i>Candida albicans</i> (C.P. Robin) Berkhout 1923.
Synonyms	<i>Oidium albicans</i> C.P. Robin 1853. <i>Monilia albicans</i> (C.P. Robin) Zopf 1890.
Family	Ascoideaceae.

KEYS

- Rapidly growing dimorphic fungus, changing from yeast-like to filamentous.
- Part of the normal flora in the throat, vulvovaginal area, lower intestinal tract, and skin.
- Feeds on sugars and other simple carbohydrates.
- Causative agent of candidiasis.
- Brain fog. Spaciness.
- Mood swings.
- Anger and aggression.
- Sugar craving. Hypoglycaemia.
- Digestive problems.

FEATURES

• *Candida albicans* is commonly found as an endogenous inhabitant of the alimentary tract and the mucocutaneous regions of the body, “where it lives in a delicate competitive balance with bacteria and other microflora of the digestive tract” [Hudler].

It particularly exists as normal flora in the throat, vulvovaginal area, lower intestinal tract, and skin.

- Endogenous organism in humans, animals, and birds; has been isolated from the faeces of animals [especially swine].
- Feeds in the bowel on sugars, simple carbohydrates and fermented products like alcohol and cheese.
- Found worldwide on fruits and vegetables.
- Found in polluted fresh and marine waters.
- Colonies mature in 2-3 days.
- An important characteristic is adhesiveness. This organism remains firmly attached to mucous membranes [less so in *Candida parapsilosis*].

NOMENCLATURE

This species is included in the repertory under the abbreviation Moni.

The genus *Monilia* formerly included plant pathogens as well as species affecting humans and animals. For that reason the genus has now been divided into two distinct genera. The generic name *Monilia* is reserved for species pathogenic to plants/ fruits

[causing brown rot of stone fruits] and the genus is placed in the family Sclerotiniaceae [fungi forming sclerotia], along with, for example, *Botrytis cinerea* [see]. *Monilia* has its teleomorphs in *Monilinia*.

The generic name *Candida*, on the other hand, is preferred for “human” species, species that have their reservoir in humans and animals. Some members of the genus *Candida* are normal components of the intestinal microbiota. Disturbance of the gut flora can trigger them to overgrow and become pathogenic, either locally or systemic. For *Candida albicans*, the accurate homeopathic abbreviation would consequently be *Cand-a.*, combining the generic name *Candida* with the specific name *albicans* to enable differentiation with other *Candida* species.

CANDIDIASIS

- The vast majority of *Candida* infections, commonly referred to as yeast infections, are caused by *Candida albicans*.
- Problems occur when the numbers of *Candida* in the body get out of control. This is due to disturbance of the microflora and may result from:

≈ abuse of antibiotics.

≈ hormonal imbalance [use of oral contraceptives is a major factor, as is pregnancy since vaginal secretions have higher glycogen levels during pregnancy].

≈ stress.

≈ poor nutrition [overuse of sugars or diets rich in yeast-containing foods].

≈ diabetes.

≈ invasive procedures, such as cardiac surgery and indwelling catheters.

≈ immunosuppression.

- Proliferating in the intestines, *Candida* changes its anatomy and physiology from the yeast-like form to the mycelial fungal form. [Dimorphism.]
 - While the yeast-like state is non-invasive and sugar-fermenting, the fungal state produces invasive, very long root-like structures that penetrate the mucosa.
 - The establishment of infection with *Candida* species appears to be a property of the host - not the organism. The more debilitated the host, the more invasive the disease.
 - In the past two decades *Candida* spp. have become the fifth most common cause of hospital-acquired bloodstream infections.
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- *Candida* proliferation has as one of its characteristic symptoms a “greed for Pane [bread], Potatoes, Pizza, or Pasta.”

MANIFESTATIONS

- “The expression of candidiasis is remarkable for its diversity,” declares Ainsworth. “With the exception of the hair, virtually no part of the human body is immune from infection which may occur at any time from the prenatal and neonatal periods to

terminal illness in old age. The classical location for candidiasis is the mouth [thrush], especially of infants, although denture stomatitis associated with *Candida* in the elderly has a higher incidence.”

- In general, two major clinical types can be distinguished: Candidiasis of skin and mucosa, and Invasive [or Systemic] Candidiasis.

Types of Candidiasis of skin and mucosa

- **Cutaneous candidiasis.**

Intertriginous infections [intertrigo] appear as well-demarcated, erythematous, sometimes itchy, exudative patches of varying size and shape. The lesions are usually rimmed with small, red-based pustules and occur in the axillae, inframammary areas, umbilicus, groin, and gluteal folds [e.g., diaper or nappy rash], between the toes, and on the finger webs. [Merck Manual]

Interdigital infection involves the finger webs and extends a short distance onto the sides of the fingers. Infected areas consist of rounded patches of white, macerated epidermis, with red fissures in the centres of the lesions. Sometimes the entire area flakes off, exposing a moist red base.

- **Chronic mucocutaneous candidiasis.**

Affects the skin, scalp, nails, and mucous membranes; often associated with endocrinopathy, e.g. hypothyroidism, hypoparathyroidism, hypo-adrenalism, ovary deficiency, diabetes mellitus, or growth hormone insufficiency. Also associated with herpes simplex, herpes zoster, pernicious anaemia, and iron deficiency. Skin lesions characterized by red, pustular, crusted, and thickened lesions, especially on the nose and forehead. Mucosal involvement includes chronic oral candidiasis [thrush], which may be related to inhaled corticosteroid use.

- **Candida oesophagitis.**

Mainly seen in HIV-infected patients, in which the incidence may be as high as 15 to 20%. Symptoms: swallowing painful and/or difficult; burning pain in the substernal area independent of swallowing; feeling of obstruction in the chest; fever [occasionally].

- **Candidal paronychia.**

Infection of the skin at the base of the nail, commonly referred to as a “whitlow” or “felon,” which has the following characteristics: a cushion like thickening of the paronychia tissue, and occasional discharge of thin pus; the lateral borders of the nails become slowly eroded, and there is a gradual thickening and discolouration of the nail plates. [Gray]

May develop in persons whose hands are subject to continuous wetting, especially with sugar solutions or contact with flour.

- **Oropharyngeal candidiasis [thrush].**

General term for oral infection caused by *Candida* spp. Appears as creamy white, thick, elevated patches of exudate on buccal mucosa, tongue, palate, and/or uvula. Patches leave an erythematous bleeding surface when scraped off. Symptoms: soreness, burning tongue, taste changes, dryness.

Incidence higher in neonates, elderly people, and patients with debilitating diseases. Predisposing factors: inhaled steroids; trauma [dentures]; broad-spectrum antibiotics; corticosteroids; immunosuppressive therapy; diabetes mellitus; adrenal dysfunction; hypothyroidism.

- **Vulvovaginitis.**

Relatively common during pregnancy [notably in the third trimester] or in diabetes mellitus. Predisposing factors: broad-spectrum antibiotics; oral contraceptives with high oestrogen content. Appears as a yellow or creamy white, curd like [occasionally thin or watery] vaginal discharge with burning, itching, oedema and erythema between the labia minora, and inflammation of the vaginal wall and vulva. Other possible symptoms are vulvar pain and pain during sexual intercourse.

- **Peri-anal candidiasis.**

White macerative pruritus ani.

Types of Invasive Candidiasis

Almost any organ may be involved.

- **Candida peritonitis.**

Related to either peritoneal dialysis or to injury to the gut.

- **Bone and joint candidiasis: osteomyelitis and/or arthritis.**

Relatively rare. Due either to haematogenous dissemination or direct inoculation due to trauma, surgery, or intra-articular injections. The haematogenous form is more common in infants with invasive candidiasis, due to the more extensive blood supply in growing bones and joints. About one third of babies with Neonatal Candidiasis have joint and/or bone involvement.

Usually affects large joints, most often the knees [$<$ weight bearing or full extension] and next the hips, ankles, and shoulders. Involved joints are painful or tender; fever is often absent. Infants often also have concomitant metaphyseal osteomyelitis.

An additional risk group are intravenous drug addicts of brown heroin. Here the costal cartilages are particularly involved.

Candida albicans is responsible for about three-quarters of cases, whereas *Candida parapsilosis* is especially linked to arthritis in the setting of a prosthetic joint.

- **CNS candidiasis.**

The most frequent clinical manifestation - meningitis - has a much higher incidence in neonates than in adults. Symptoms in adults consist of the classic signs of meningitis: fever, headache, stiffness of nape of neck, altered mental status,

confusion, and disorientation. Has a similar indolent course as meningeal tuberculosis. Neonates present with sepsis, bulging fontanel, and splitting sutures.

- Urinary candidiasis [including candida cystitis and urethritis].

Candida spp. present in the urine. More frequent in females due to vaginal colonization. Associated with antibiotic treatment, old age, pregnancy, and the use of urinary catheters. Usually asymptomatic; symptoms such as dysuria and increased frequency and urgency are rare.

- **Biliary candidiasis.**

Majority of cases presents as cholecystitis [without presence of calculi] with classic symptoms as right quadrant tenderness, intolerance of oral feeding, nausea, vomiting, and fever.

Biliary tract obstruction [fungus ball] or candida cholangitis form a small percentage of cases.

- **Cardiac candidiasis.**

Endocarditis, myocarditis, and/or pericarditis.

Predisposing factors for candida endocarditis include open-heart surgery [1% rate], prosthetic valves [4-9%], and intravenous heroin abuse [50-60%].

Candida albicans is the causative agent in the majority of cases in non-addicts; C. parapsilosis predominates in the group of intravenous drug addicts.

Symptoms identical to those of bacterial endocarditis: fever; changing murmur; swelling of spleen; congestive heart failure; retinochoroiditis [especially among drug abusers]; petechiae, papules, pustules, nodules, or ulcers.

- **Candida pneumonia.**

Symptoms: fever; rapid breathing; dyspnoea; chest pain. Patient “usually severely ill, with multiple organ failure, and some degree of altered mental status.”

- **Hepatosplenic candidiasis.**

Affects almost exclusively patients undergoing remission induction chemotherapy or bone marrow transplantation for acute leukemia. Symptoms: persistent fever; right upper quadrant tenderness; enlargement of liver; abdominal distension; nausea, vomiting; diarrhoea.

- **Pancreatic candidiasis.**

Symptoms are non-specific: abdominal pain and persistent fever.

- Candida septicaemia [candidaemia].

Clinical manifestations range from fever to life-threatening sepsis. Candida albicans is the prevalent cause in adults, Candida parapsilosis in infants and especially neonates.

Predisposing factors include intravenous catheters, use of antibacterial drugs, urinary catheters, surgical procedures, corticosteroid therapy, neutropenia, severe burns, parental nutrition, and chemotherapy induced impairment of oropharyngeal or

gastrointestinal mucosa. A characteristic presentation is antibiotic resistant fevers in the neutropenic patient with tachycardia and dyspnoea. Hypotension is also common and skin lesions may also occur.

[Data: website DoctorFungus].

THRUSH

- *Candida* spp., most frequently *Candida albicans*, are part of the normal mouth flora in 25-50% of healthy individuals, influenced by such factors as salivary flow, salivary pH, and glucose concentration.

The notion that thrush, and other mycoses, are affected or even caused by constitutional factors is one of long standing. The French physician Trousseau [1801-1867], for example, thought it “equally a matter of certainty that for the development of the mycelium, special conditions are requisite: there must be pre-existing inflammation of the mucous membrane on which it is seated.” Trousseau treated thrush with borax or potassium chlorate and honey. In Sweden, thrush lichen or lichen moss [*Peltigera aphthosa*] boiled in milk was a folk cure for thrush. [Ainsworth]

- Thrush is observed in patients with diabetes mellitus and debilitating diseases such as cancer or tuberculosis. Oral contraceptives and a deficiency of riboflavin [vitamin B2] also predispose to this overwhelming growth of *C. albicans*. [Kern]

- Raue, writing in 1896, gives an excellent description of thrush and some factors that favour its appearance:

Parasitic Stomatitis; Thrush.

This affection is produced by a parasitic fungus, the *oidium albicans*, and is characterized by the formation of numerous, milk-white patches or elevations which are difficult to remove. They are not the result of an exudative inflammation, but due to the extensive development of the above named fungus within the mucous membrane.

We may frequently foretell its coming, when we observe that the mouth of the infant is getting dry, hot, red and sticky and its secretion gives an acid reaction. Then after a few hours white points of the size of a pin's head appear mostly at first on the inner surface of the cheeks, quickly spreading over various other places and soon covering in some cases the entire buccal cavity, and even the pharynx and oesophagus with a white membrane. After a while its white colour turns yellowish or brown if bleeding occurs from rough handling. The first few days this membrane adheres firmly to the mucous membrane; later, on about the third or fourth day, it becomes loose and can easily be wiped away. [Candida colonies mature in three days.]

During the continuance of this fungous growth the mouth of the nursling is hot, has an acid reaction and is sensitive to touch in a degree that even nursing sometimes is painful to the child. But as long as the affection is not complicated with intestinal catarrh, its course is quite mild and short, and passes away in a few days if proper attention is paid to cleanliness.

It is different with artificially fed children when an intestinal catarrh is superadded to the trouble. Under it the child may sink with signs of follicular enteritis.

Causes.

The formation of this fungus is favoured by acid fermentation. The secretion of the mouth is a mixture of saliva and mucus. The saliva is of alkaline reaction, more so after a meal, less so on an empty stomach. The buccal mucus, however, has an acid reaction, which is visibly increased on contact with atmospheric air, when acid fermentation at once begins. In young infants the secretion of mucus is in preponderance over the secretion of saliva; there is therefore a physiological tendency to acidity in a young child, and if, in addition to it, the child is nourished artificially and improperly by substances which easily undergo acid fermentation [sucking-bags, poor milk from badly cleansed bottles, etc.] an outbreak of thrush is sure to follow.

We find, therefore, that thrush attacks more frequently children artificially fed than those who suck their mothers' breast, and for this additional reason that the latter in sucking draw the saliva out of their salivary glands, while the easy flow from the bottle requires nothing but swallowing. I would rather have the baby fed by the spoon, as in this way chewing motions are induced and a more thorough mixture of the food with saliva is ensured.

We find thrush also in adults, but it is of rare occurrence, and then always in consequence of protracted and exhausting diseases, such as phthisis, diabetes, cancer, etc. - setting in shortly before death.

[Raue, Special Pathology and Diagnostics with Therapeutic Hints; 1896]

CANDIDA HYPERSENSITIVITY SYNDROME

- After the American paediatrician William Crook published in 1986 his book *The Yeast Connection*, in which he postulated that the overgrowth of *Candida* causes a host of symptoms which he coined the "Candida Hypersensitivity Syndrome," the American Academy of Allergy and Immunology was quick to condemn Crook's concept as "speculative and unproven." Medical establishment denounced the whole idea as being based on historical controls and lacking in rigorous data to support it.

Since the mid-1980s, several physicians have reported that while treating female patients for candidiasis, they seem to have inadvertently - at first - relieved symptoms of other problems. These include premenstrual syndrome, sexual dysfunction - ranging from nymphomania to loss of libido - and depression. They hypothesize that the cause and effect are not just coincidental but that, in fact, some traditionally psychological disorders may be the consequences of above normal populations of *C. albicans*.

Dr. W.G. Crook, author of *The Yeast Connection* and one of the pioneers in this area of medical investigation, suggests several possible mechanisms for the unexpected effects of the yeast. They include toxin production by *C. albicans*, yeast-induced nutrient imbalance, and ethyl alcohol fermentation. Critics of Crook's work argue that evidence to support his contentions is wanting. In fact, clinical trials

comparing reactions of patients treated with or without the antifungal drug nystatin showed no differences in the test populations. Nonetheless, the debate continues with a small but vocal cadre of medical professionals convinced that *C. albicans* is responsible for much more disease than it gets credit for.

[Hudler 1998]

- With the public media, health writers and health magazines jumping on the bandwagon, the syndrome, however, soon grew into a “Candida-Related Complex” of truly miasmatic proportions. Some authors even speak of a “hidden epidemic” that, fuelled “by everything from diet to medication to environmental factors,” affects “as many as 90% of Americans and Canadians.” Candidiasis has become a fashionable diagnosis, culturally defined and anything but individual, consistent with Dr. Crook’s conclusion that “your health problems are probably yeast [*Candida*] connected if you crave sweets, feel sick all over, have taken many antibiotics, and have seen many physicians and have not found help.”
- Many complaints and chronic health problems are, according to Crook, related to *Candida albicans*, ranging from “fatigue, headache and depression in adults to ear problems, hyperactivity, attention deficits and autism in children,” and include, in addition, “PMS, sexual dysfunction, asthma, psoriasis, digestive and urinary problems, multiple sclerosis, and muscle pain.” In 1985 Dr. Crook founded the International Health Foundation devoted to helping people with yeast related problems.

SYMPTOMS

Symptoms of *Candida* proliferation are vast and broad ranging, some of the most common are:

- Brain fog [memory deficits and/or concentration problems].
 - Anxiety; depression; irritability.
 - Frequent mood swings.
 - Obsessive compulsive disorder.
 - Fatigue. Feeling of being drained.
 - Environmental sensitivities; food sensitivities.
 - Sugar craving. Hypoglycaemia [trembling or irritability when hungry].
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- Digestive problems including heartburn, bloating, gas, diarrhoea or constipation.
 - Menstrual problems; severe premenstrual tension and/or menstrual irregularities.
 - Chronic vaginal yeast infections, with burning, itching and curd like discharge.
 - Oral or vaginal thrush.
 - Cystitis.
 - Frequent colds; cold sores; herpes.

- Swollen lips/ face.
- Respiratory allergies; rhinitis, sneezing and/or wheezing.
- Muscle weakness or paralysis.
- Pain and/or swelling in joints.
- Restless legs.
- Cold hands and feet; low body temperature.
- Fungal skin problems; athlete's foot; fungus nails.
- Chronic urticaria.
- Foot, hair, or body odour not relieved by washing.
- Symptoms worse after waking.

ALLERGIES

“Candida albicans can evoke allergic reactions in a human organism, which otherwise is in a normal condition,” according to the Israeli physician A. Liebeskind. He treated successfully 25 patients with various allergic disorders - migraine, vulvitis, chronic blepharoconjunctivitis, bronchial asthma, rhinitis, and gastrointestinal problems - with hyposensitization injections of an extract of *C. albicans*.

Related to its principal action as a histamine-releasing agent, the hypersensitivity response to Candida toxins takes place in the form of allergies. The allergic reactions mainly occur in the eyes, the upper respiratory tract, the gastrointestinal tract, and on the skin.

The dermatologic symptoms are as follows:

- Hives; urticaria.
- Atopic dermatitis; eczema.
- Erythema multiforme.
- Pallor.
- Contact dermatitis/ eczema.
- Dermatophytid. [ID-reaction; see Trichophyton.]
- Allergic eczema.
- Seborrhoeic dermatitis [dandruff].
- Infectious eczematous dermatitis [skin infection].
- Nummular dermatitis.
- Neurodermatitis.
- Psoriasis.

[J.P. Trowbridge & M. Walker, *The Yeast Syndrome*; New York, 1986]

PSYCHOLOGICAL PROFILE

Luc De Schepper, M.D., presents in his book *Candida* a “psychological profile of the Candida patient.” It is not based on clinical cases treated homeopathically, but on general observations concerning patients with candidiasis, in a similar vein to the way

in which currently, 'miasms' such as Malaria, Ringworm, or Cancer are built up. The following is a summarized outline.

Feelings of frustration, being misunderstood and rejected seem part of our life experience. To a Candida patient, these feelings are often magnified; life seldom seems to treat the Candida patient fairly.

In the early childhood experience of the Candida patient, abuse often has been present. The experience of sexual, emotional, or physical abuse are indications of a traumatic childhood, in which emotional nourishment, encouragement in goal-setting, or simply the coherence of a healthily functioning family are absent.

This fear-inducing environment influences one's immune system in a weakening manner, leaving one susceptible for invasion of diseases. Ancient medical practices, such as Acupuncture and Homeopathy, have indicated the relationship between physical illness and emotions. According to the philosophy of Acupuncture, each emotion is linked to a certain organ. Fear, for instance, will decrease the energy in the Kidney organ; worry and pensiveness will do the same in the Spleen. ... What makes it even worse, deficiency of energy in the Kidney organ leads to more fear and anxiety, pulling the patient in a vicious circle.

... What follows next is the common nightmare of the Candida patient. As a child, most of these patients are subjected to an increased antibiotic intake and our modern diet with preservatives and sugars. Most of the symptoms will appear a couple of years later, but sometimes immediate yeast-related signs surface: mood swings, depression or suicidal tendencies. The sudden mood swings are the most startling symptoms. Patients look and act joyful at 10 a.m. and are threatening to kill themselves by 2 p.m. We can understand the scepticism and disbelief of professionals and family; nobody, not even the patient, expects these sudden variations. In the end, the patient is convinced that s/he has become crazy: it is the only possible answer to this yo-yo behaviour.

You know where the real problem of the Candida patient starts? Most of these victims, especially in the beginning stages, look too healthy, too handsome ... In fact, they look too good to have any kind of disease! This is the Catch-22: outwardly, it does not look like a disease. And, for the textbook physician, looking for objective signs, he hardly finds them. How can you see "fogginess" in the brain, burning urination, severe PMS symptoms, decreased attention span ... At most, the patient looks depressed.

The emotion though, that predominates this disease, is ANGER! All Candida patients have a reservoir of anger, mostly deeply hidden. There is a need to understand the origin of anger and to seek means of dealing with the factors involved. Do not believe that this anger will always show in violent behaviour. There are other levels of manifestation of anger: ulcerative colitis, hypertension, eczema, migraine attacks, depressions, and suicidal tendencies can be expressions of this emotion. Most patients will not even admit that they are angry. However, a lot of expressions imply underlying anger. "I am bitter the way my doctor treats me" or "I am fed up the way my husband denies this problem," "It irritates me, I cannot get any explanation from anyone" are only anger in disguise.

... Patients who find no place to put their anger, are ridden by guilt, which offers no relief.

... Another manifestation of hidden anger in almost every Candida patient is in the bodily reactions. An almost constant symptom in these patients is the pain in the neck and shoulder region. We know the expression, "You are a pain in the neck," these patients actually have pain in the neck because they ARE angry and they refuse to accept it or are not allowed to bring the anger outward.

Of course, this chronic disease solicits anger as well from the patient as from the rest of the family, especially the partner. The patient may build up the anger for all kinds of reasons. They feel constantly rejected, are always questioned and doubted about the existence of this disease, and simply because they are outside the mainstream and do not get their share of the world's excitement and rewards. The partner resents this disease immensely because it makes him a prisoner in his own house, without having the disease. They are inconvenienced by their partner's illness, leading to feelings of frustration and resentment.

[Luc De Schepper, *Candida*, revised edition; Santa Fe: Full of Life Publishing, 1990]

DIE-OFF REACTIONS

- It will require careful and accurate homeopathic prescribing of *Candida albicans* to establish a made-to-measure drug picture that goes beyond the universal character of candidiasis. The symptoms associated with the latter might apply to almost all individuals at some time. We can draw parallels with a remedy like *Carcinosin*.

- To narrow down the abundant symptomatology to its possible essence it might help to consider a phenomenon that occurs during the first days or, rarely, weeks of the treatment of candidiasis with antifungal antibiotics. The phenomenon is termed "die-off" or Herxheimer's reaction and is mainly observed with the use of nystatin and, to a lesser degree, with other antifungals or with natural treatment. [Herxheimer's reaction is not uncommon in the treatment of spirochete infections - syphilis, Lyme disease - and with antibiotics in general.]

Nystatin was isolated in 1950 from bacteria of the genus *Streptomyces*, which, like other soil bacteria, are the natural adversaries of microscopic fungi. Nystatin destroys the cell wall of *Candida*, with the result that the contents leak out and the cell "bleeds to death." With the leaking of protoplasm and electrolytes, a number of toxins also escape, the sudden release of which produces a temporary toxic or allergy-like reaction in the host. This is not an adverse reaction to the nystatin itself since it clears up as the nystatin is continued.

The die-off reaction resembles the initial aggravation induced by homeopathic remedies. Both are, in fact, temporary intoxications, energy-wise or physically, and both evoke body responses to turn the economy into order. Kent compares the initial aggravation with "a process of house cleaning," a process of elimination, "probably from the bowels, or stomach, by vomiting, by expectoration, or by the kidneys, in those cases where everything has been suppressed." Die-off reaction includes elimination processes as well as symptoms caused by the release of *Candida* toxins. If

Candida treatment requires reducing or avoiding coffee, alcohol, chocolate, dairy products, sugar, wheat, and yeast-fermented foodstuffs, part of the die-off reaction may be due to withdrawal symptoms.

The following is an overview of common die-off reactions, accompanied by some of the comments by the authors of the listing.

Allergy reactions.

“These often may increase during Candida treatment or if you never had allergies or food sensitivities before, they may temporarily crop up during this time.”

Anger and aggression.

“Anger and aggression can be common during treatment. Tolerance levels seem lower. One reason may be that the yeast is agitated; it in turn agitates you, and you pass it on. During treatment, quick anger is generally a body response - not a real emotion.” [My italics]

Bloating.

“This is common during Candida treatment and cleansing.”

Blood sugar problems.

“If you already have low blood sugar or diabetes, these may become more problematic during Candida treatment. If you don’t, you may still experience more dramatic blood sugar swings due to the extra stress of treatment.”

Bruise easily.

“Usually only very sensitive people have problems with this.”

Colds. Sore throat.

“When body defences are lower [as during Candida treatment], you may be more susceptible to colds.”

Cold extremities.

Crying.

“This may occur more frequently because of the stress of treatment. It’s okay! Realize you will be more sensitive during this time and allow yourself a little harmless release, provided it is not excessive. Many toxins are released in tears, so this may assist cleansing. Get sufficient rest and get support from family and friends.”

Constipation.

Depression.

“Ease up on self-demands and reduce workload or, if not busy enough, get busy with work, arts and crafts, a garden, or better yet - cook!”

Diarrhoea.**Energy lows.****Emotional experiences.**

“It is natural to revive or relive emotional experiences during treatment, especially experiences that reflect the same energy levels that you have during cleansing. Do not be surprised if old loves, old hurts, and old feelings resurface. Spend time releasing, forgiving, and letting go. Do not wallow in the past or get depressed about it. See this cleansing time as a time of renewal and recharging, a ‘cocoon time’ in preparation for your emergence as a ‘healthy butterfly’.”

Headaches.**Hyperactivity.**

“During treatment, this may occur when overworking or overplaying is done. ... Not enough food or too high a Candida treatment dosage can lead to hyperactivity, too. ... Parasites can contribute to this, as they are greatly agitated during treatment.”

Indigestion.**Lack of coordination.**

“May occur more often during treatment.”

Mental confusion, spacey.**Mucus.**

“The body expels mucus as parasites die.”

Paranoia.

“Temporary mental problems and confusion can be caused by parasite treatment. The poisons being eliminated can flood the body and brain and may contribute to creating delusional thoughts and emotions.”

Skin problems.

Skin irritations or rash. “Temporary food intolerances may become evident during Candida treatment. One could become agitated by dairy foods, tomatoes, meats, nuts, or many other foods you are not normally allergic to.”

Sleeplessness.

[Jeanne Marie Martin & Zoltan P. Rona, Complete Candida Yeast Guidebook, revised 2nd ed.; Roseville, 2000]

MATERIA MEDICA

Proving

[1] Marco Riefer, Germany, 1994; 30c and 200c; 19 provers [12 females, 7 males], of which 2 provers produced no symptoms whatsoever.

KEY COMPONENTS

≈ **Anger, expressed or suppressed.**

The phenomenon of suppression is very evident in *Candida albicans*, first of all in the form of suppressed anger. During the provings, rage was experienced directly and immediately. However, in practice I usually saw conditions of suppressed anger, of anger that was not allowed. In many cases the anger could not be kept down and was therefore permanently looking for an outlet.

‘Wut im Bauch haben’ is a common idiom in the German language, which could be translated as ‘having anger in my belly’. This expression fits very well with the central physical symptoms concerning the digestive system [flatulence, fullness, diarrhoea and cramping pains]. It has been confirmed in this proving, as well as in others, that mental and physical symptoms form a corresponding unit and the disease is reflected on different levels.

The aggression itself can be completely hidden, but can also be very violent, almost driving the patient mad. There may be an impulse to destroy everything, simply smash everything to pieces. A typical expression of one of the provers is: ‘I feel such tremendous aggression in me that I can hardly handle it. I have to muster all my strength not to destroy something.’

≈ **Fatigue.**

Another striking symptom is the tremendous lack of energy in this remedy. [Is this a result of the suppressed anger?] Tiredness up to severe exhaustion widely occurred in the whole proving and in many of the treated cases.

≈ **Craving for sweets.**

We could understand the greatly increased desire for sweets, certainly a high degree symptom, as an attempt to make up for the lack of energy. [This craving is also common to the mycosis-patient.]

≈ **Overwhelmed.**

To me the *Candida albicans* patient seems to be a typical ‘product’ of modern western society, which is characterized by the following features:

Too many demands made upon a person by a tough, efficiency-oriented society which is too complex for the individual to grasp and which he experiences as threatening.

A multitude of daily impressions to which he is exposed, almost overwhelming the individual.

A hectic state, tension, stress and a daily feeling of ‘too much.’
Ignored emotions and an outward presentation of a smooth and clean surface.

≈ **Too many ...**

Too many requirements, expectations, impressions [odours, noises, ...]. Too much to do and no way out ...

The basic sensation of ‘too much’ is a feeling of inability to cope, of being overburdened, a feeling of not being able to fulfil the demands of everyday life and sometimes even of the whole life. [A typical phrase from the proving is: ‘Even the little demands of everyday life are too much for me.’]

Candida albicans patients feel overwhelmed by daily routines, requirements and duties. A feeling of restriction develops and takes over, and they cannot get rid of it.

≈ **Restless and hectic.**

The reaction [to the inability to cope] is that they feel restless and hectic. Candida albicans is a particularly restless remedy, ceaselessly in action [or more precisely, the feeling of being ceaselessly in action], always having something to do, no time to relax. They quickly get into a state of stress and tension. Examples in the provings are: ‘I cannot get anything done. This is the most stressful week. Dates, driving. Everything is too much.’ And: ‘Towards the evening everything is too much; a feeling of being hurried and rushed. A strong desire for rest and being alone.’

≈ **Chaos.**

Forgetfulness, lack of concentration and in some cases real confusion are very striking, in combination with the other symptoms. Chaotic conditions are a central manifestation of Candida albicans. We see these symptoms in many remedies, but in Candida albicans they are the prominent and significant symptoms of the remedy. Characteristically one prover wrote: ‘I was very confused and had to think about normal procedures before carrying them out. I had forgotten what I had planned to buy in the supermarket and once in the car park I had to think where I was, where I wanted to go and how to get there.’

≈ **Background.**

In order to answer the question of ‘what is the cause of this kind of manifestations, why is this anger not allowed to be expressed, why are these people so confused,’ etc., we should look at a number of cured Candida albicans cases.

These people have been inhibited, often hindered and suppressed in expressing their free will and this suppression had become the central theme of their lives. [DD: Carcinodin]

We talk about dominated people who were not allowed to develop their own personality. In some way we could say we are dealing with parasitic relationships.

We observe exploitative relationships, with the Candida albicans patient being the victim, being used or abused, in which the equilibrium of giving and taking has been shifted.

The tendency towards exploitative relationships often continues and is repeated again and again according to a fixed pattern.

Candida patients usually react helplessly and defencelessly in this kind of situation, showing vagueness and indirect and ineffectual aggression.

They are unable to be clear and precise and cannot set limits. In some cases the patient repeatedly became the involuntary supporter of a partner or a parent; the used, abused or energetically sucked out 'victim.'

≈ **Dreams.**

The most important themes in the dreams: Blood. Brutality, murder. Bombs. Explosion. Hell. Rape.

[All quotes from Marco Riefer, Candida albicans: A proving report and a case; Homoeopathic Links 2/98.]

Appetite & Digestion

≈ Constant hunger. Can't stop eating; fasting impossible. Overeating; stuffing oneself.

≈ Craving for sweets [2 provers].

≈ Constant sensation of fullness and satiation.

≈ Desire for high-calorie foods, < in evening; i.e. chocolate, cold milk, remoulade [see recipe section p. 760!], crisps, pizza.

≈ Weight gain. [Prover gained 4.5 kg in 11 days.]

≈ Gnawing pain in stomach, as from an ulcer, > eating.

≈ Lump sensation in stomach, pressing upwards.

≈ Watery diarrhoea, smelling like rotten eggs.

≈ Constipation with sensation of fullness in rectum and flatulence.

≈ Pressing frontal headache > stool.

Peculiar

≈ Painful swelling of axillary lymph glands.

≈ Offensive axillary perspiration.

≈ Sensation of emptiness in chest and abdomen.

≈ Tickling in chest > swallowing.

≈ Palpitations before falling asleep, > hand on chest.

≈ Painful stiffness in hollow of feet in morning on rising.

≈ Buzzing sensation in arms, legs, and down the back.

CLINICAL SYMPTOMS

In the booklet with the proving results, Riefer describes seventeen cured cases, both constitutional and acute, of which the following symptoms are included in the Repertory section.

[The number behind the symptom indicates the degree. First degree [1]: observed only once. Second degree [2]: observed two to four times. Third degree [3]: observed more than four times.]

Delusion/ sensation

≈ Alone in the world [1].

- ≈ About to sink into annihilation [1].
- ≈ Defenceless [1].
- ≈ Despised [1].
- ≈ Eaten up; consumed [1].
- ≈ Internal emptiness [1].
- ≈ Surrounded by enemies [1].
- ≈ Floating in air [1].
- ≈ Forsaken [1].
- ≈ Helpless [1].
- ≈ Persecuted [1].
- ≈ Powerless [1].
- ≈ Prisoner; caught; imprisoned [2].
- ≈ Separated from the world [1].
- ≈ Stupid [1].
- ≈ Thin [1].
- ≈ Time passes too quickly [1].
- ≈ Unloved by parents, partner, friends [1].
- ≈ Has done wrong [2].

Anxiety/ Fear

- ≈ Business failure; bankruptcy [1].
- ≈ Impending disease [1].
- ≈ Something will happen [1].
- ≈ Health: own health [1]; health of relatives [1].
- ≈ Money matters; poverty [1].
- ≈ Punishment [1].
- ≈ Robbers; thieves [1].

Concomitants

- ≈ Headache & empty sensation in head [1].
- ≈ Headache & sensitivity to strong odours [1].
- ≈ Coryza & itching of eyes and lachrymation [1].
- ≈ Throat pain & nausea [1].
- ≈ Stomach pain & vertigo [1].

Food

- ≈ Apples < [1].
- ≈ Farinaceous < [1].
- ≈ Fish < [1].
- ≈ Milk < [1].
- ≈ Sweets < [2].

Desires chocolate [1]; cold drinks [1]; cold milk [1]; salt [2]; sweets [3].

Modalities

- ≈ Headache < coughing [1]; exertion [1]; light [2]; before menses [1]; noise [1]; stooping [1]; change of weather [1].
- ≈ Clenching teeth firmly together at night [1].
- ≈ Burning pain in oesophagus < concentration [mind] [1].
- ≈ Itching external throat < scratching [1].
- ≈ Heartburn after eating or drinking [1].
- ≈ Abdominal cramps, & heat, at night [1].
- ≈ Sensation of rectal constriction after stool [1].
- ≈ Difficult respiration < lying; > sitting [1].
- ≈ Constriction chest > weeping [1].
- ≈ Profuse perspiration at night [1].
- ≈ Itching at night [2]; < scratching [2].

[Marco Riefer, Das Arzneimittelbild von Candida albicans, 2. Aufl.; Freiburg, 1996]