

Combating Yeast Infections

“By limiting the re-seeding of fungi and bacteria orally, the gut can catch up and restore homeostasis faster.”

After 40 years of treating yeast infections, I thought it might be fun to talk about the products that have been successful for me and why they work. I know everyone has their favorite approaches for yeast infections, but I think I can shed some light and provide a little food for thought on a complicated subject.

The first thing we can all agree upon is to stop feeding the yeast. They love sugar and refined carbohydrates so by cutting back their food supply, we are trying to weaken them and their ability to reproduce.

The second thing is to ensure proper bile flow. Bile can become thickened with years of processed fats as well as a low-fat diet. Years ago, Dr. Gary Lasneski taught me that bile normalizes gut pH. Yeast, as well as other dysbiotic organisms, avoid healthy pH. By the way, it's normal to see some yeast when you do a comprehensive stool analysis, but we don't want excessive amounts. So, balancing pH will not only stop growth but creates the environment for the probiotics to clean house



and monitor growth. To thin bile, I use organic beets and taurine as Beta-TCP. I use Beta-TCP if patients have a gall bladder, or Beta Plus, which contains ox bile, if the gallbladder has been removed.

So, steps one and two: starve yeast and limit growth. The next step is to begin killing yeast. I've had good success using emulsified oregano oil as ADP. Due to the emulsification process, 4 tablets will coat the entire intestinal tract. The beauty of this product is that it inhibits growth of other dysbiotic organisms as well.

You can see a paper to the right showing ADP reduced

Entamoeba hartmanni, Endolimax nana, and Blastocystis hominis. One of my friends and colleagues, Dr. Greg Peterson, who has literally done hundreds of comprehensive stool digestive analysis, shared with me that when culture and sensitivity tests are done, caprylic acid almost always shows strength against fungal and other dysbiotic organisms. Caprylic acid, known as Caprin, is used to coat the lining of the large intestine to inhibit biofilms and adherence to tissues. It also does not impede or discourage probiotic activity.

One of the byproducts of a yeast infection, particularly

candida, is acid aldehyde. Acid aldehyde is a metabolic byproduct of normal metabolism. However, with yeast overgrowth, it cannot be broken down fast enough, and it acts like a neurotoxin and impedes the immune system. TolerAid contains nutrients to support the body's ability to detoxify and breakdown chemicals, especially acid aldehyde. TolerAid contains phosphorylated B vitamins, folate as 5-MTHF, selenium, molybdenum, as well as a proprietary blend of organic juices.

Dealing with the metabolic byproducts and the array of dead organisms as they are killed has caused what many people call a Herxheimer reaction. TolerAid reduces this effect dramatically. Finally, for round one, I use an oral probiotic, Adult ENT-Pro, that has been shown to increase secretory IGA, natural killer cells as well as a host of dysbiotic oral bacteria and fungi.

By limiting the re-seeding of fungi and bacteria orally, the gut can catch up and restore homeostasis faster. You may be aware that it's very common in medicine with complex infections to use one antibiotic for two weeks, switch to a second antibiotic for two weeks, and perhaps even a third antibiotic for two weeks. In that light, from weeks two to four, we switch from ADP and Caprin to FC-Cidal and Dysbiocide. FC-Cidal kills fungi forms that hide deep in tissue. Dysbiocide, although developed to combat small worms, also contains botanicals that retard both yeast and bacteria.

This combination of FC-Cidal and Dysbiocide has been effective in treating SIBO or small intestinal bacterial overgrowth. We continue with

Beta-TCP, TolerAid, and a probiotic. But now, we switch to BioDoph-7 Plus instead of Adult ENT Pro. BioDoph-7 Plus provides prebiotics and probiotics to enhance and support the growth of beneficial bacteria in the gut.

This is where clinical judgement comes in. If the patient is feeling great, this may be enough. Remaining on an anti-inflammatory diet like the one to the right, Beta-TCP, TolerAid, and a probiotic may suffice. However, if symptoms are still present, consider shifting gears weeks five and six by changing up the products that fight dysbiosis. Return to ADP to kill off what FC-Cidal and Dysbiocide missed and return to Adult ENT-Pro. Now, add Berberine HCL. Berberine HCL stimulates a different energy source called AMPK which supports the integrity of tight junctions in the gut. Berberine also eradicates a different variety of dysbiotic bacteria and fungi as well as disrupts biofilms.

I have included a protocol for weeks 7-8 as a suggestion, but mostly, you will not need them. Personally, at this point if any organisms are still a problem, I would follow a gut evaluation program covered in an earlier discussion. You can see a link to the right to watch the technique. It will take an extended office visit to do the testing, but you can palpate each of the points each visit to monitor tenderness in the gut and watch them dissipate over time. If a supplement is not reducing tenderness, switch the products to what does.

Thanks for taking time to be with me today. I look forward to being with you again next Tuesday.